STATES OF GUERNSEY
BOARD OF HEALTH

85th

ANNUAL REPORT
of the
Medical Officer of Health

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REPORT FOR
EAR 1983

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REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR 1983

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Lukis House,
Grange,
Guernsey.

2nd November, 1984

Sir,

I have the honour to present to you the Annual Report on the health of the Bailiwick of Guernsey for the year 1983.

I have the honour to be, Sir,

Your obedient servant,

E P Lawrence

E.P. Lawrence,
Medical Officer of Health.

The President,
Board of Health,
Guernsey.

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MEMBERS OF THE BOARD OF HEALTH

Conseiller J.R.R. Henry, President

Deputy Rev. A.W. Ingrouille

Deputy D.P. Le Cheminant (until February 1983)

Deputy Mrs. B.E. Nicolle

Jurat G.L. Le Page

Deputy L.S. Ogier

Deputy H. Le Cheminant (from February 1983 - June 1983)

Deputy P. Roffey (from September 1983)

Mr. R.E. Dorey

Dr. S. Heyworth, M.B., B.S., D.Obst.R.C.O.G.

Mr. J. Ferguson, M.D., F.R.C.S.

INTRODUCTORY LETTER TO THE BOARD OF HEALTH

Mr. President, and Members,

This is my first report as your new Medical Officer of Health. It is important at the outset to clarify a misconception I have come across on several occasions - that the Medical Officer of Health is a member of the Board. This is not so. The Medical Officer of Health is an adviser to the Board, not a member.

In England, Medical Officers of Health ceased to exist in 1974, after a life of 137 years. Their duties continued however, and were carried out by doctors called Community Physicians, who were of Consultant Status, being specialists in Community Medicine. Their specialty includes Preventive Medicine, and the management of health services. Your Medical Officer of Health has come from this background.

Towards the end of 1982, Dr. Martin Reynolds, Regional Medical Officer of the S.W. Regional Health Authority carried out a review of the functions and future of the Medical Officer of Health in Guernsey. The Board of Health and the States accepted his recommendation that a successor to Dr. White should be appointed, and that he should retain the title of Medical Officer of Health. This was an important decision because it avoided the entanglement of prevention with health service management, which has caused difficulties in England. It also showed that Guernsey appreciated the need for preventive medicine.

This report is about prevention, and measurements aimed at showing whether prevention has been successful. It is also a catalogue of the activities of the Public Health Department, and an opportunity for a comprehensive open audit of that service.

I am very conscious, and I am sure the Board is very appreciative, of the solid foundation which has been maintained and developed by Dr. White's devotion and skill over the past 15 years. He brought to his work meticulous attention to detail, and a great interest in people. As a result his opinions were both well researched, humane, and full of common sense. When recommending changes his advice was to pursue the possible, and not just the desirable. He ran his department like a well managed vessel, with great steadiness when under fire, as for example when insisting that public power stations should not pollute the atmosphere, or when making the case that French nuclear power stations were not a local threat to health.

A time of change is always difficult. Change may be necessary, but it is an uncomfortable business. In the early days, Medical Officers of Health were mainly concerned with preventing the more lethal of the infectious diseases, such as cholera, smallpox and diphtheria. Their efforts were directed at changing the environment and at gaining acceptance for such specific measures as vaccination. Today the major preventable diseases are largely a consequence of peoples behaviour, and changing behaviour is every bit as difficult as changing the environment.

Many of the most frustrating and intractable problems with which Health Visitors, Social Workers and doctors have to deal today stem from families or individuals who cannot cope with life, or who do not behave in a socially acceptable way. These are the families beset with marital and financial problems unable to extricate themselves from a chaotic situation.

Family life has broken down. Such families with problems are often defined by the public as being in need of "health care" or causing hazards to health, and this is partly true - illness often accompanies social incompetence,but the majority of these problems will remain insoluble if tackled by applying medical resources only. The problem may present as a "medical" crisis - the battered child, the sick alcoholic, or collapse of the isolated elderly person living in squalor - but prevention largely rests on mobilising social resources.

No one single person, profession or agency can provide an effective remedy. The best hope of tackling these complex problems effectively is by the pooling of skills of different professionals working as a team. This is difficult unless doctors and community nurses work closely together. It is also difficult when historically services have worked in fairly rigid separate compartments restrained by a strict interpretation of legislation. A possible solution is the development of a Social Services Department, responsible for the comprehensive social well being of a population. Such departments still need special liaison arrangements with Health, Housing and Social Security authorities,to facilitate a corporate approach to problems on the ground. Setting up a social services department may not solve these problems but should make it easier to manage, and perhaps to prevent, some of them. I would commend this approach to the Board of Health: Indeed,the Board's Plan for Health Care does refer to the need for more effective liaison.

A major milestone during the year was the publication in the November Billet of the Board's Plan for Health Care, which was accepted by the States on December 1st. Much of the emphasis in this plan is on Community Care and the benefits of preventing admission to hospital by developing services in the Community. In practical terms this means taking a new look at the work done by District Nurses and Health Visitors, and developing closer collaboration with the Island's family doctors in their practices. A start has been made during the year through the Medical Officer of Health's attendance at meetings of the new Sub-Committee for Primary Care, at the multidisciplinary group meetings at the Castel Hospital, and at meetings with doctors in their practices. The new post of Community Nurse Manager was advertised with a brief to develop Primary Care Teams and to develop the training of Community Nurses.

Acute problems in two fields were an additional spur to progress - cases of child abuse and of alleged neglect of the isolated elderly. An informal panel has now been set up, with the Medical Officer of Health as Chairman, to help co-ordinate the prevention of child abuse. The Medical Officer of Health is a member of the working party set up to look at comprehensive services for the elderly (including coping with the unco-operative, the eccentric and the socially unacceptable) and which is considering the use of an 'At Risk' register for the elderly.

One of the Medical Officer of Health's duties is to assemble data and produce statistics in order to measure the morbidity and mortality of the population for which he is responsible and to interpret these figures. During the early months of my appointment,there have been frequent, and sometimes anxious,enquiries as to whether the people of Guernsey are "healthy" and in particular, how they compare with the mainland regarding "health". One can be reasonably confident when answering such questions about mortality, but it is far more difficult to measure and assess the quality of life.

In regard to "quantity", people live longer than previously (the average age at death is now 71.5 for men and 78.4 for women, compared with 66.3 and 76.9 ten years ago) but the causes of death show little change - nearly half are from heart attacks and strokes, and a quarter from cancer. Prevention has not had much effect on the one in six who die prematurely early, from these major causes of death.

Deaths in childhood are rare occurrences but because of this very rarity, death rates tend to fluctuate widely and need careful interpretation. Trends over a period are more reliable indicators than a single year's figures. The trends for Guernsey remain in satisfactory decline. They support the belief that both obstetric and paediatric care in the Island is of a high standard, comparable with the best areas on the mainland. Of particular note is the low incidence of births of small babies (4.7% being less than 2500 gms at birth). Not only is survival more likely, but survival with handicap is that much less likely, when infants are mature at birth.

It is far harder to quantify the quality of life, and to show a benefit from effective prevention. Hospital morbidity data is not collected as a routine, nor are visits to the doctor quantified for the Island as a whole. The best proxy indicators are difficult to interpret because of the interplay of social and medical factors, and of expectation and availability of services. The best that can be done at present is to catalogue recorded contacts with the service, and to compare each year's figures.

In the field of environmental work, prevention suffers from a very real difficulty due to two competing activities - the need to inspect premises to ensure that physical standards are maintained, and the need to give preventive advice about personal behaviour and hygiene. The visible nature of the first task often deflects time and effort from the far more difficult and less tangible job of convincing people that maintaining health often means changing one's habits. It is right and proper to inspect a kitchen or check that a food handler is not carrying pathogenic organisms, but it is far more important to persuade him to wash his hands frequently.

Routine environmental monitoring does have a pay off. Late in October, two mice found their way into separate sachets of milk. Extensive investigations showed how this could have happened, but there was no proof as to how it did happen. The value of routine milk hygiene inspection was that a firm assurance could be given, that apart from the two mice containing sachets, the milk supplied by the dairy was safe to drink and was not a hazard to health.

Similarly, the routine monitoring of radiation in the environment, both before and continuously since the nuclear reprocessing plant at Cap de la Hague came into operation, enabled a reassuring answer to be given with confidence when the accident at Seascale in November caused concern amongst people living close to such plants. It is vitally important that environmental monitoring is not curtailed in the interest of short term economies.

There have not been any untoward outbreaks of infectious disease during the year. Both measles and whooping cough cases have declined in numbers after a fairly extensive outbreak in the autumn of 1982 and the spring of 1983.

The acceptance rate for the immunisation of infants remains satisfactory as far as polio, tetanus and diphtheria are concerned, with more than 90% protected by the age of 2 years. Whooping cough is less satisfactory, but the rate of acceptance is approaching 60%. The uptake of measles vaccine has only recently been recorded, so figures are incomplete. Steps are being taken to improve record keeping so that a better estimate of the true position can be obtained in future.

It will not have escaped notice that there is no single section in this report headed "Health Education". This is for two reasons. Firstly, I am convinced that education about health problems and the need to change one's habits should be part of the normal day to day activities of all staff working in the field of prevention, and not a separate isolated activity carried out only by a Health Educator. Thus Health Visitors, Environmental Health Officers, Community Nurses, and school nurses are all practising health education as part of their normal activities. It is of course essential that health topics form part of education in schools and this is the concern of staff working in the school health service.

Secondly, there is no single person who specialises in Health Education, or heads a department with such a label. Serious consideration should be given to setting up such a department, to help both with specialist advice and the co-ordination of activities in this field.

In conclusion, I am all too well aware that the Public Health Department will not function at all, never mind efficiently and effectively, unless all members of staff work together and with enthusiasm. I am grateful for the loyal support I have received and for the continuing interest of the Board in preventive health services.

Yours faithfully,

E.P. Lawrence,
M.A., M.B., B.Ch., F.F.C.M., D.P.H., D.T.M. & H
Medical Officer of Health

HISTORICAL FOOTNOTE

The following paragraphs are included for those who may read this report without any background information about the area it concerns.

The administrative area is the Bailiwick of Guernsey, which comprises the islands of Guernsey, Alderney, Sark, Herm and Jethou. Guernsey is the largest of these and the most westerly of all the Channel Islands: Alderney is the most northerly and but nine miles from the coast of France. Sark, Herm and Jethou lie between Guernsey and that section of the coast of France which contains the Bay of Avranches. Alderney and Sark each have their own Parliament, the States of Alderney and the Sark Chief Pleas. This is an over-simplification which must suffice for present purposes, but the student will not lack for much more detailed information elsewhere.

The Public Health Department functions within the Board of Health. The Board is a standing committee of the States of Guernsey, deriving its powers from Guernsey legislation and responsible to the States. This independence from the central government of the United Kingdom is what the stranger to the Channel Islands finds most difficult to understand. Nevertheless it is so and some 900 years of self-government since William, Duke of Normandy, gained the English Crown are sufficient proof of this.

PUBLIC HEALTH DEPARTMENT MEMBERS OF STAFF		DATE OF COMMENCEMENT OF SERVICE WITH DEPARTMENT
White, Dr. C.G.	MBE, MA, BM, BCh, DPH, DIH Medical Officer of Health	15.11.62-1.5.83 1.5.83-2.9.83 (Part-time)
Lawrence, Dr. E.P.	MA., MB., BCh., FFCM., DPH., DTM & H Medical Officer of Health	1.9.83
Witherick, Dr. E.H.	MB, BCh, (Wales) Deputy Medical Officer of Health	24.4.69

Environmental Health Officers

Baird , Mr. J.M.	FRSH, MIEH Chief Environmental Health Officer	14.3.66
Wiltshire, Mr. S.W.B.	MIEH Environmental Health Officer	1.2.71
Horton, Mr. S.	MIEH Environmental Health Officer	1.7.79
Cook, Mr. J.L.	MIEH Environmental Health Officer	1.8.79
Rowe, Mr. T.P.	MIEH Environmental Health Officer	1.10.79
Smith, Mr. S.P.	Student Environmental Health Officer	2.7.82

Health Visitors

Le Tocq, Mrs. I.A.R.	RSCN, SRN, SCM, HV Cert.	18.2.63
Simon, Mrs. J.	SRN, SCM, HV Cert.	7.2.66
Renier, Miss H.M.	SRN, SCM, HV Cert.	1.4.70
Green, Mrs. M.	SRN, SCM, HV Cert.	13.11.72
Matthews, Miss A.D.	SRN, HV Cert.	1.1.75
Goss, Mrs. A.	SRN, HV Cert.	1.1.78
Erskine, Mrs. J.	SRN, SCM, HV Cert.	14.7.80 (Full-time) 8.8.83 (Part-time)

School Nurses

Smith, Mrs. S.	SRN	14.2.72
Roland, Mrs. J.	SRN, SCM	1.3.72

Community Nursing Team

Aeschimann, Miss D.	BA Hons., SRN, SCM Nurse Co-ordinator	13.1.75

Domiciliary Nursing Sisters

de Jersey, Miss A.P.	RSCN, SRN, SCM	1.1.75
Le Conte, Mrs. M.	SRN, SCM	18.8.75
Mew, Mrs. P.	SRN	28.6.76
Le Gallez, Mrs. C.	SRN, SCM	1.1.78
de garis, Mrs. S.E.	SRN, SCM	1.3.79
Jehan, Miss M.E.	SRN, SCM, MTD	1.3.79
Barrett, Mrs. K.	SRN, SCM	1.12.79
Herve, Mr. P.J.	SEN, NDN(E) Cert.	1.10.79
Hunter, Mr. J.	SEN	4.10.81
Wylie, Mrs. R.	SRN, NDN Cert.	1.4.82

Chief Clerk	Goodenough, Mrs. M.A.	1.5.77

Rodent Control

Angell, Mr. J.	3.5.70
Attwater, Mr. R.A.	17.12.73

PUBLIC HEALTH DEPARTMENT - FINANCE 1983

(The figures for 1982 are shown in brackets - adjusted to the nearest £1)

			1983 £	1982 £
Analyst's Fees			1667	(2853)
Cleaning, Fuel, Light, Water and Rents			7749	(6790)
Infectious Diseases:				
Doctor's Fees	5898	(5302)		
Drugs, Vaccines, etc.	6092	(8245)		
	11990	(13547)		
Less Recoveries	2931	(2643)	9059	(10904)
Office Equipment and Furniture			3746	(3347)
Postage, Stationery and Telephone			7366	(6801)
Rodent and Pest Control Material			1861	(3215)
Salaries and Wages			426525	(374123)
Superannuation less Employee's Contribution			45364	(37196)
Special Treatment Clinic			15157	(16032)
Upkeep and Repair of Building			3332	(2320)
Travelling Expenses			52489	(47309)
Welfare Foods	4507	(5446)		
Less Recoveries	4287	(4420)	220	(1026)
Other Expenses			5889	(5489)
			580424	(517405)
Less Recoveries from Education Council			44341	(39297)
			536083	(478108)

METEOROLOGICAL DATA - 1983

Sunshine hours:	
Guernsey Airport: 1765.4	Average 1955-1982: 1810.8 Record highest: (1959) 2262.8 Record lowest: (1981) 1532.5
Sunless days: 59	Average 1955-1982: 61.1
Rainfall: 658.6mm (25.9ins)	Average 1951-1980: 858.9mm (33.5ins) Record highest: (1960) 1317.0mm (52.7ins) Record lowest: (1953) 539.3mm (21.6ins)
Rain days: 164	Average 1951-1980: 176.0

Temperature:	°C	(°F)		°C	(°F)
Mean maximum:	13.6	(56.5)	Average 1951-1980:	13.1	(55.6)
Mean minimum:	8.7	(47.7)	Average 1951-1980:	8.4	(47.1)
Daily range:	4.9	(40.8)	Average 1951-1980:	4.7	(40.5)
Ground frost days:	36		Average 1951-1980:	33.4	

Miscellaneous:			
Fog - days:	92	Average 1951-1980:	78.6
Thunder - days:	11	Average 1951-1980:	9.4
Snow - days:	10	Average 1951-1980:	13.9
Hail - days:	26	Average 1951-1980:	21.1
Gales - days:	16	Average 1951-1980:	10.0
Highest gust:	72kn (26 NOV)	Record highest:	83kn 15 DEC 1979

WEATHER

I am indebted to Mr. M.J. Lillington, F.R.Met.S., Senior Meteorological Observer at Guernsey Airport, for all the above data. The following summary is also extracted and adapted from his "Climatological Report 1983".

Overall during the year there occurred marked contrasts in weather from one month to the next and between seasons.

Spring was generally dull, cold and wet.

The weather became much warmer during the early part of June, and it was also very dry. Despite this the sunshine was below average for the seventh successive year.

July was the hottest month this century, but only one other month has been hotter in the past 140 years. It was also the driest July at the Airport and sunniest since 1971.

The summer overall was very warm, but not quite up to that of 1976. Sunshine was the highest and rainfall the lowest, again since 1976.

The autumn was mild and dry and often sunny; the year as a whole was the driest since 1973. The recent sequence of rather dull years has now lasted for seven years.

For more detailed information about 1983's weather the reader is referred to Mr. Lillington's excellent report.

VITAL STATISTICS - 1983 - GUERNSEY

	1983	1982
Estimated mid-year resident population	53,300	53,300
Population density per acre (area 16,063 acres)	3.32	3.32
Population density per hectare (6,500 hectares)	8.20	8.20
Live births	660	589
Live birth rate per 1,000 population	12.4	11.1
Illegitimate live births	93	85
Illegitimate live birth rate per 1,000 live births	140.9	144.3
Stillbirths	4	3
Stillbirth rate per 1,000 total births (live and still)	6.1	5.1
Marriages	408	381
Mariage rate - persons married per 1,000 population	15.4	14.7
Deaths among resident population	661	630
Death rate per 1,000 population	12.4	11.8
Corrected death rate (comparability factor 0.91)	11.3	10.8
Infant deaths - in first year of life	5	6
Infant mortality rate per 1,000 live births	7.6	10.2
Neonatal deaths - in first four weeks of life	4	5
Neonatal mortality rate per 1,000 live births	6.1	8.5
Early neonatal deaths - in first week of life	2	2
Early neonatal mortality rate per 1,000 live births	3.0	3.4
Perinatal deaths - stillbirths and early neonatal deaths	6	5
Perinatal mortality rate per 1,000 total births (live and still)	9.03	8.5
Maternal deaths	0	0
Deaths from cancer, all forms	155	143
Cancer mortality rate per 1,000 population	2.9	2.7
Cancer of trachea, bronchus and lung (ICD 162)	38	39
Lung cancer mortality rate per million population	713	732
Lung cancer deaths per 100 deaths from all cancer	24.5	27.3
Deaths from tuberculosis, all forms	0	0

(These figures are for the Island of Guernsey alone).

SELECTED VITAL STATISTICS COMPARED - 1983 : 5 YRS, 1978 to 1982 INC, - GUERNSEY ONLY

	GUERNSEY					ENGLAND& WALES
	1983		Rates 5 year range - 1978-1982			
	No.	Rate	MEAN	HIGHEST	LOWEST	E & W (PROV)*
Estimated mid-year resident population.	53,300	-	-	-	-	49653.700
Live births (rate per 1,000 population).	660	12.4	11.4	12.4	10.7	12.7
Stillbirths (rate per 1,000 total births - live and still).	4	6.1	7.2	10.2	5.1	5.8
Illegitimate live births (rate per 1,000 live births).	93	140.9	112.6	144.3	91.1	158
Marriages (rate, persons marrying per 1,000 population).	408	15.4	14.4	15.4	13.8	15.6
Deaths - resident population (rate per 1,000 population).	661	12.4	11.0	12.4	10.4	11.7
Deaths from cancer, all forms (rate per 1,000 population).	155	2.9	2.6	2.7	2.4	2.7
Lung cancer deaths (rate per 100 cancer deaths, all forms).	38	24.5	25.3	28.1	20.4	26.5
Infant deaths (rate per 1,000 live births).	5	7.6	14.1	17.8	11.9	10.1
Neonatal deaths (rate per 1,000 live births).	4	6.1	8.8	11.3	6.9	5.9
Earlyneonatal deaths (rate per 1,000 live births).	2	3.0	6.2	7.7	3.4	4.7
Perinatal deaths (rate per 1,000 total births - live and still).	6	9.03	13.3	17.0	8.5	10.4
Maternal deaths (rate per 1,000 total births, live and still).	0	0	0	0	0	0.08
Deaths due to tuberculosis, all forms (rate per 1,000 population).	0	0	0	0	0	-

* From O.P.C.S. "Population Trends" No. 35

Table 1.1

CORRECTED POPULATION ESTIMATES 1961-1983

GUERNSEY Population by sex for the Past Three Census Years and Estimated population mid-year 1962-1983 inclusive.

This is the estimated population based on the information available from the past three censuses taken together. The working has been explained in Guernsey Annual Health Reports for 1978 and 1979, to which reference should be made for detail.

YEAR	POPULATION	MALE	FEMALE	Ratio		
				M		F
1961 C	44,012*	21,172	22,840	48.1	:	51.9
1962	44,705	21,505	23,200	"	:	"
1963	43,395	21,835	23,500	"	:	"
1964	46,085	22,165	22,165	"	:	"
1965	46,775	22,500	24,275	"	:	"
1966	47,465	22,830	24,635	"	:	"
1967	48,160	23,165	24,995	"	:	"
1968	48,840	23,490	25,350	"	:	"
1969	49,540	23,830	25,710	"	:	"
1970	50,230	24,160	26,070	"	:	"
1971 C	50,921+	24,493	26,428	48.1	:	51.9
1972	51,465	24,755	26,710	"	:	"
1973	52,005	25,040	26,965	48.15	:	51.85
1974	52,550	25,330	27,220	48.2	:	51.8
1975	53,095	25,620	27,475	48.25	:	51.75
1976 C	53,637°	25,909	27,728	48.3	:	51.7
1977	54,270	26,210	28,060	"	:	"
1978	54,320	26,235	28,085	"	:	"
1979	54,570	26,357	28,213	"	:	"
1980	53,390	25,740	27,650	48.2	:	51.8
1981 C	53,313	25,701	27,612	"	:	"
1982	53,300	25,720	27,580	48.3	:	51.7
1983	53,300¥	25,720	27,580	48.3	:	51.7

* Report of Registrar General's 1961 Census (Table 16).

+ Report of States of Guernsey 1971 Census (Table 7) as amended by the Report of States of Guernsey 1976 Census at page 32.

° Report of States of Guernsey 1976 Census (Table 5) and see pp. 31-32 of that report.

¥ No recalculation has been made for 1983 as no figures are available from the population working party, and deaths exceeded births by only 1 in 1983.

NOTE: Guernsey includes Herm and Jethou.

C = Census Year

Table 1.2

NATURAL INCREASE IN POPULATION - GUERNSEY - 1961-1983

YEAR	BIRTHS	DEATHS	NATURAL INCREASE	INCREASE PER 1,000 POPULATION
1961	757	569	188	4.3
62	797	569	228	5.1
63	842	542	300	6.6
64	891	540	351	7.6
65	861	568	248	5.3
66	780	564	216	4.6
67	741	546	195	4.1
68	752	656	96	2.0
69	830	643	187	3.8
1970	794	616	178	3.5
71	766	646	120	2.4
72	790	576	214	4.2
73	652	595	57	1.1
74	679	610	69	1.3
75	611	634	-23	-0.4
76	623	606	17	0.3
77	587	617	-30	-0.6
78	582	567	15	0.3
79	646	601	45	0.8
1980	622	571	51	0.9
81	619	595	27	0.5
82	589	630	-41	-0.7
83	660	661	-1	-0.2

This table shows how the difference between births and deaths affects the total population : it does not show the effect of migration, which is a much more elusive factor to quantify.

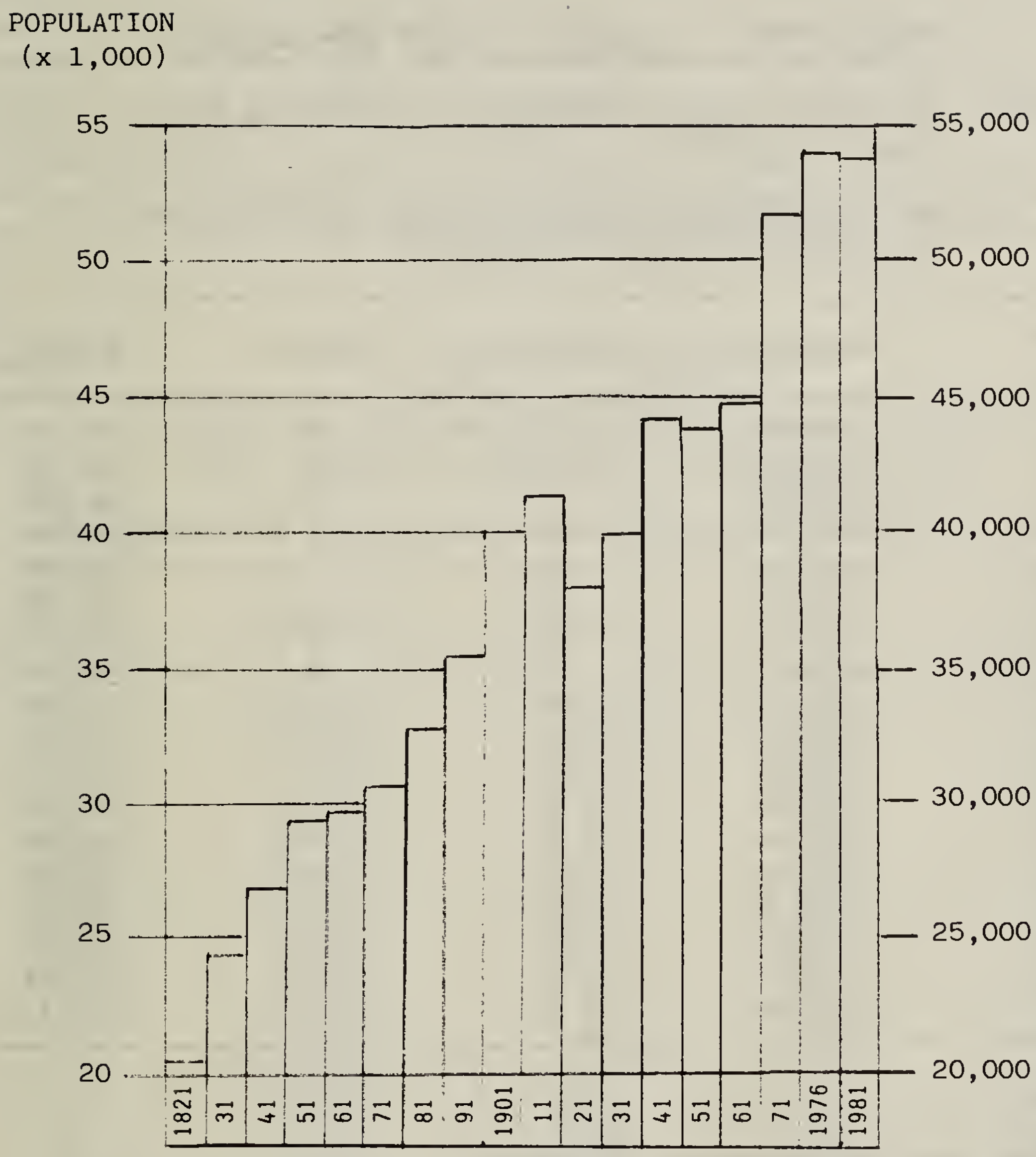


Fig. 1.3. CENSUS POPULATIONS 1821 to 1981 - GUERNSEY

Table 1.4

POPULATION - GUERNSEY, HERM AND JETHOU

Population: The Census Night Population of Guernsey at each Census 1821-1981

(The populations of Herm and Jethou are allocated to the Parish of St. Peter Port)

Census Year	Guernsey	Herm	Jethou	Totals
1821	20,302	28	9	20,339
1831	24,349	177	14	24,540
1841	26,649	38	6	26,693
1851	29,757	46	3	29,806
1861	29,804	41	5	29,850
1871	30,593	83	4	30,680
1881	32,607	20	4	32,631
1891	35,243	38	6	35,287
1901	40,446	25	3	40,474
1911	41,823	33	2	41,858
1921	38,283	32	0	38,315
1931	40,588	53	2	40,643
*1939	43,820	0	0	43,820
1951	43,554	36	13	43,603
1961	44,968	90	8	45,066
1971	51,351	96	11	51,458
1976	54,256	118	7	53,381
1981	53,268	37	8	53,313

Notes:

1. *The 1939 population was estimated.
2. Lihou was not occupied on Census night except in 1911 (3) 1921 (2) and 1931 (2). (persons in brackets).
3. Adapted from the Guernsey Census 1981.

POPULATION - SELECTED CENSUS INFORMATION

The Bailiwick populations for each Census from 1821 to 1981 are shown at Table 1.5. Before 1971 censuses were conducted by the Registrar General (and his predecessors). In 1971, 1976 and 1981 the States conducted its own census, the results becoming available within a matter of weeks from the actual enumeration. In 1976 the islands of Alderney and Sark did not take part in the census, so that a statement of the population of the Bailiwick cannot be made for that year. Similarly, Sark did not carry out an enumeration in 1981, so that only an estimate can be made of the Bailiwick population in that year.

Table 1.5 POPULATION - BAILIWICK

Populations of Guernsey, Alderney and Sark at each Census night 1821-1981 and for Guernsey only 1976

(Adapted from the Bailiwick of Guernsey Census 1981 - Table 2)

Census Year	Guernsey	Alderney	Sark	Bailiwick
1821	20,339	1,154	488	22,041
1831	24,540	1,045	543	26,128
1841	26,693	1,038	788	28,519
1851	29,806	3,333	580	33,719
1861	29,850	4,932	583	35,365
1871	30,680	2,738	553	33,971
1881	32,631	2,048	578	35,257
1891	35,287	1,857	572	37,716
1901	40,474	2,062	506	43,042
1911	41,861+	2,561	579	45,001
1921	38,317+	1,598	614	40,529
1931	40,645+	1,521	577	42,743
*1939	43,820	1,442	430	45,692
1951	43,603	1,328	565	45,496
1961	45,066	1,472	561	47,099
1971	51,458	1,686	590	53,734
1976	54,381	-	-	-
1981	53,313	2,086	-	-

Notes:

1. Guernsey includes Herm, Jethou and Lihou.
2. Alderney includes Burhou.
3. Sark includes Brecqhou.
4. + Lihou was inhabitated in 1911, 1921 and 1931.
5. * 1939 population estimated.
6. Alderney and Sark did not take part in the 1976 Census.
7. Sark did not take part in the 1981 Census.
8. Estimated Bailiwick population 1981 = 56,000.

Table 1.6

POPULATION DENSITY
GUERNSEY PARISHES, HERM, JETHOU AND LIHOU 1981

Resident Population of Guernsey by Parish and acreage and the populations of Herm, Lihou and Jethou with their acreages - 1981

ISLAND or Parish	Acreage	Persons	Persons/acre
GUERNSEY	16,101	53,313	3.33
Castel	2,520	7,721	3.1
Forest	1,016	1,288	1.3
St. Andrew	1,114	2,230	2.0
St. Martin	1,807	5,842	3.2
St. Peter Port	1,649	15,587	9.5
St. Peter	1,546	2,018	1.3
St. Sampson	1,492	6,947	4.7
St. Saviour	1,575	2,432	1.5
Torteval	769	881	1.1
The Vale	2,211	8,316	3.8
HERM	314	37	0.1
JETHOU	50	8	0.2
LIHOU	38	0	0.00

Notes:

1. Extracted from The Guernsey Census 1981

Table 2.1

GUERNSEY

Population, Live Births and Live Birth Rate, Deaths, Crude and Corrected Death Rates, Infant Deaths and Infant Death Rates 1961-1983 inclusive.

Year	Resident Population+	Live Births	Birth Rate*	Deaths	Crude Death Rate*	Corrected Death Rate¥	Infant Deaths	Infant Death Rate#
1961	44,012	757	17.2	569	12.9	11.1	16	21.14
1962	44,705	797	17.8	569	12.7	11.0	15	18.82
1963	45,395	842	18.6	542	11.9	10.3	24	28.50
1964	46,085	891	19.3	540	11.7	10.1	19	21.32
1965	46,775	816	17.5	568	12.1	10.4	16	19.61
1966	47,465	780	16.4	564	11.9	10.2	13	16.67
1967	48,160	741	15.4	546	11.3	9.8	21	28.34
1968	48,840	752	15.4	656	13.4	11.6	16	21.28
1969	49,540	830	16.8	643	13.0	11.2	14	16.87
1970	50,230	794	15.8	616	12.3	10.6	13	16.37
1971	50,921	768	15.1	646	12.7	11.5	10	13.02
1972	51,465	790	15.4	576	11.2	10.2	14	17.72
1973	52,005	653	12.6	595	11.4	10.4	12	18.38
1974	52,550	679	12.9	610	11.6	10.6	9	13.26
1975	53,095	611	11.5	634	11.9	10.9	9	14.73
1976	53,637	623	11.6	606	11.3	10.3	9	14.45
1977	54,270	587	10.8	617	11.4	10.4	5	8.52
1978	54,320	582	10.7	567	10.4	9.5	9	15.46
1979	54,570	646	11.8	601	11.0	10.0	8	12.38
1980	53,390	622	11.7	571	10.7	9.7	8	12.86
1981	53,313	619	11.6	595	11.2	10.2	11	17.77
1982	53,300	589	11.1	630	11.8	10.8	6	10.19
1983	53,300	660	12.4	661	12.4	11.3	5	7.6

+ Estimated mid year population
* Rates per 1,000 population
¥ Comparability factor 0.91
# Infant death rate per 1,000 live births

BIRTHS IN 1983 AND THE FIRST YEAR OF LIFE

There were 660 live births in 1983 and 4 still births.

There were 5 deaths of infants under a year old, 4 of which occurred in the first four weeks of life (neonatal deaths); 2 were early neonatal deaths, in the first week.

Perinatal deaths are those deaths occurring before parturition and within one week afterwards, that is to say stillbirths and early neonatal deaths. There were 6 perinatal deaths in 1983, yielding a perinatal death rate of 9.03 per 1,000 births both live and still. These statistics compare favourably with those of England and Wales, which had a rate of 10.3 in 1983, and are less than half the figures of ten years ago.

Statistics relating to births and infant deaths since 1959 are shown in Table 2.2. It must be remembered that when the number of deaths in a year reaches a very low figure, the death rates calculated from these figures may fluctuate widely from year to year. The neonatal death rate, for example, has fluctuated from 1.7 to 11.3 in the last 7 years, but does not indicate a dramatic deterioration or improvement of services from one year to the next.

This table, taken as a whole, is however a remarkable indication of the improvement in obstetric and perinatal care that has taken place over the past quarter century, and of the maintenance of a high standard of care.

It is salutory to remember that 50 years ago, in 1933, there were 9 maternal deaths, 30 stillbirths and 56 deaths of infants under 1 year of age, for a population three quarters of the present figure. The infant death rate was ten times today's rate.

In that same year, 1933, the Medical Officer of Health reports:

"The question of a Midwives Act, which was discussed in 1921, was again brought forward by the Board of Health, who drew up suggestions for its drafting. Several discussions with the Crown Officers took place over the matter, but nothing has yet been done in regard to it."

The lack of up to date legislation still hampers good obstetric care.

Table 2.2

STATISTICS RELATING TO BIRTHS AND INFANT DEATHS 1959-1983

	LIVE BIRTHS	BIRTH RATE	MALE LIVE BIRTHS	FEMALE LIVE BIRTHS	STILLBIRTHS	INFANT DEATHS	INFANT DEATH RATE	NEONATAL DEATHS	NEONATAL DEATH RATE	EARLY NEONATAL DEATHS	EARLY NEONATAL DEATH RATE	PERINATAL DEATH RATE	MATERNAL DEATHS
1959	709	16.1	385	324	14	14	19.7	10	14.1	-	-	-	0
1960	769	17.56	364	405	17	12	14.30	10	13.00	-	-	-	0
61	757	17.20	388	369	19	16	21.14	13	17.17	-	-	-	0
62	797	17.83	401	396	15	15	18.82	9	11.29	-	-	-	0
63	842	18.55	455	387	13	24	28.50	21	14.94	-	-	-	0
64	891	19.33	453	438	7	19	21.32	14	15.71	11	12.35	20.05	1
65	816	17.45	427	389	11	16	19.61	11	13.48	8	9.80	22.98	0
66	780	16.43	397	383	12	13	16.67	12	15.39	10	12.82	27.78	0
67	741	15.39	362	379	16	24	32.39	24	21.29	16	21.29	42.27	0
68	752	15.40	388	364	10	16	21.28	9	11.97	9	11.97	24.93	0
69	830	16.75	424	406	8	14	16.87	10	12.05	10	12.05	21.48	0
1970	794	15.81	393	401	7	13	16.37	10	12.59	10	12.59	21.22	0
71	766	15.04	385	381	12	10	13.06	8	10.44	7	9.14	24.42	0
72	790	15.35	414	376	7	14	17.72	9	11.39	7	8.86	17.57	0
73	652	12.54	351	301	8	11	16.87	8	12.27	8	12.27	24.24	0
74	679	12.92	344	335	10	9	13.26	6	8.84	5	7.36	21.77	1
75	611	11.51	311	300	10	9	14.73	8	13.09	6	9.82	25.76	0
76	623	11.62	326	297	7	9	14.45	8	12.84	8	12.84	23.81	0
77	587	10.82	315	272	3	5	8.52	1	1.70	1	1.70	6.78	0
78	582	10.71	298	284	6	9	15.46	4	6.87	4	6.87	17.01	0
79	646	11.84	328	318	3	8	12.38	5	7.74	5	7.74	12.33	0
1980	622	11.65	339	283	5	8	12.86	6	9.65	4	6.43	14.35	0
81	619	11.62	335	284	5	11	17.77	7	11.31	4	6.46	14.42	0
82	589	11.10	314	275	3	6	10.19	5	8.50	2	3.40	8.50	0
1983	660	12.50	337	323	4	5	7.60	4	6.10	2	3.00	9.03	0

Table 2.3

LIVE BIRTHS CLASSIFIED BY BIRTH WEIGHT - LEGITIMATE AND ILLEGITIMATE - 1983

BIRTH WEIGHT GRAMMES	BIRTH WEIGHT LBS AND OZS	BABIES LEGITIMATE		BABIES ILLEGITIMATE	
		M	F	M	F
UNDER 501	< 1lb - 3ozs	-	-	-	-
501 - 1,000	< 2lbs - 4ozs	-	2	-	-
1,001 - 1,500	< 3lbs - 5ozs	2	1	-	-
1,501 - 2,000	< 4lbs - 7ozs	3	3	2	-
2,001 - 2,500	< 5lbs - 8ozs	6	8	-	4
2,501 - 3,000	< 6lbs - 10ozs	49	63	9	8
3,001 - 3,500	< 7lbs - 11ozs	121	116	23	19
3,501 - 4,000	< 8lbs - 13ozs	92	64	12	10
4,001 - 4,500	< 9lbs - 15ozs	11	19	3	3
4,501 - 5,000	< 11lbs - 0ozs	4	3	-	-
OVER 5,000	> 11lbs - 0ozs	-	-	-	-
< 501 - OVER 5,000	TOTAL BABIES MALE 337 FEMALE 323 - 660	288	279	49	44

4.7% of all infants born weighed less than 2.5 Kgm (5½ lbs) at birth.

Table 2.4

ILLEGITIMATE LIVE BIRTHS 1983 (BY AGE OF MOTHER)

AGE-GROUP	MALE	FEMALE	TOTAL	%
15-19	22	19	41	44
20-24	14	15	29	31
25-29	7	6	13	14
30-34	4	4	8	9
35+	2	-	2	2
	49	44	93	100

Table 2.5

INFANT AND NEONATAL DEATHS 1983 - CAUSES

Neonatal Deaths - Age under one month

Group	ICD No.		M	F
XIV	742	Other congenital anomalies of nervous system	-	1
XV	765	Disorders relating to short gestation and unspecified low birth-weight	2	1
		NEONATAL DEATHS	2	2

Infant Deaths - Age from one month to one year

Group	ICD No.		M	F
VIII	485	Bronchopneumonia, unspecified	1	-
		TOTAL INFANT DEATHS	3	2

Table 2.6

ACCIDENTAL POISONING OF CHILDREN 1983 - BY AGE, SEX AND NATURE OF POISON

Poison	Total all Ages	Total 1983		1		2		3		4		5	
		M	F	M	F	M	F	M	F	M	F	M	F
Tablets	2	1	1	–	–	1	–	–	1	–	–	–	–
Liquids													
Amoxil	1	1	–	–	–	1	–	–	–	–	–	–	–
Remtar	1	1	–	1	–	–	–	–	–	–	–	–	–
Polycleanser	1	1	–	–	–	–	–	1	–	–	–	–	–
Magnesium Sulphate	1	–	1	–	–	–	–	–	–	–	1	–	–
Calpol	1	–	1	–	1	–	–	–	–	–	–	–	–
Adult Benylin	1	–	1	–	–	–	–	–	–	–	1	–	–
Perchloroethylene	1	1	–	–	–	–	–	–	–	–	–	1	–
Berries													
Deadly Nightshade	4	2	2	–	–	–	–	2	2	–	–	–	–
Unidentified Berries	2	–	2	–	–	–	–	–	2	–	–	–	–
Wild Garlic	1	–	1	–	–	–	1	–	–	–	–	–	–
Mushroom – Marasmius Omadus	1	1	–	–	–	1	–	–	–	–	–	–	–
Rodent Bait	2	–	2	–	1	–	–	–	1	–	–	–	–
Totals	19	8	11	1	2	3	1	3	6	–	2	1	–

ANALYSIS OF MORTALITY STATISTICS 1983

The accompanying tables (3.1 to 3.12) give details of all deaths in Guernsey during 1983.

The average age at death was 71.5 for men and 78.4 for women - a difference of 7 years.

One out of every 6 deaths occurred before retirement age and could be termed prematurely early.

The major causes of death remain

Heart attack and strokes	- 47%
Cancer	- 23%
Chest Diseases	- 17%
	of all deaths

The major causes of cancer deaths differ between the sexes:

Men

Lung	33%
Bowel	15%
Prostate	12%
All other sites	40%

Women

Lung	15%
Bowel	16%
Breast	15%
All other sites	54%

A quarter of the cancer deaths (39) occurred in the 45-64 age group, whereas 11% (33 deaths) of stroke and heart attack victims were in this age group.

There was no marked change in the distribution of causes of death; comparing 1983 with 1982, there was a greater preponderance of very elderly ladies whose demise was attributed to bronchopneumonia. Tumours of the lung continue to be the largest single cause of cancer deaths in Guernsey, and the largest preventable group.

The rate in women may have levelled off after climbing steadily for the past 20 years and is now at about a third of the rate in men. The latter has remained high but steady for the past 10 years.

The excess of deaths in 1982 due to cancer of the stomach (22 against an average of 11 for the previous five years) was due to chance: the 1983 figure was about average once more. Examination of actual incidence against averages over the past 20 years shows no trend but does show an individual range between half the average to twice the average.

The slow but steady increase over the past 20 years of deaths due to all forms of cancer is attributed to the increasing longevity of the population.

Table 3.1

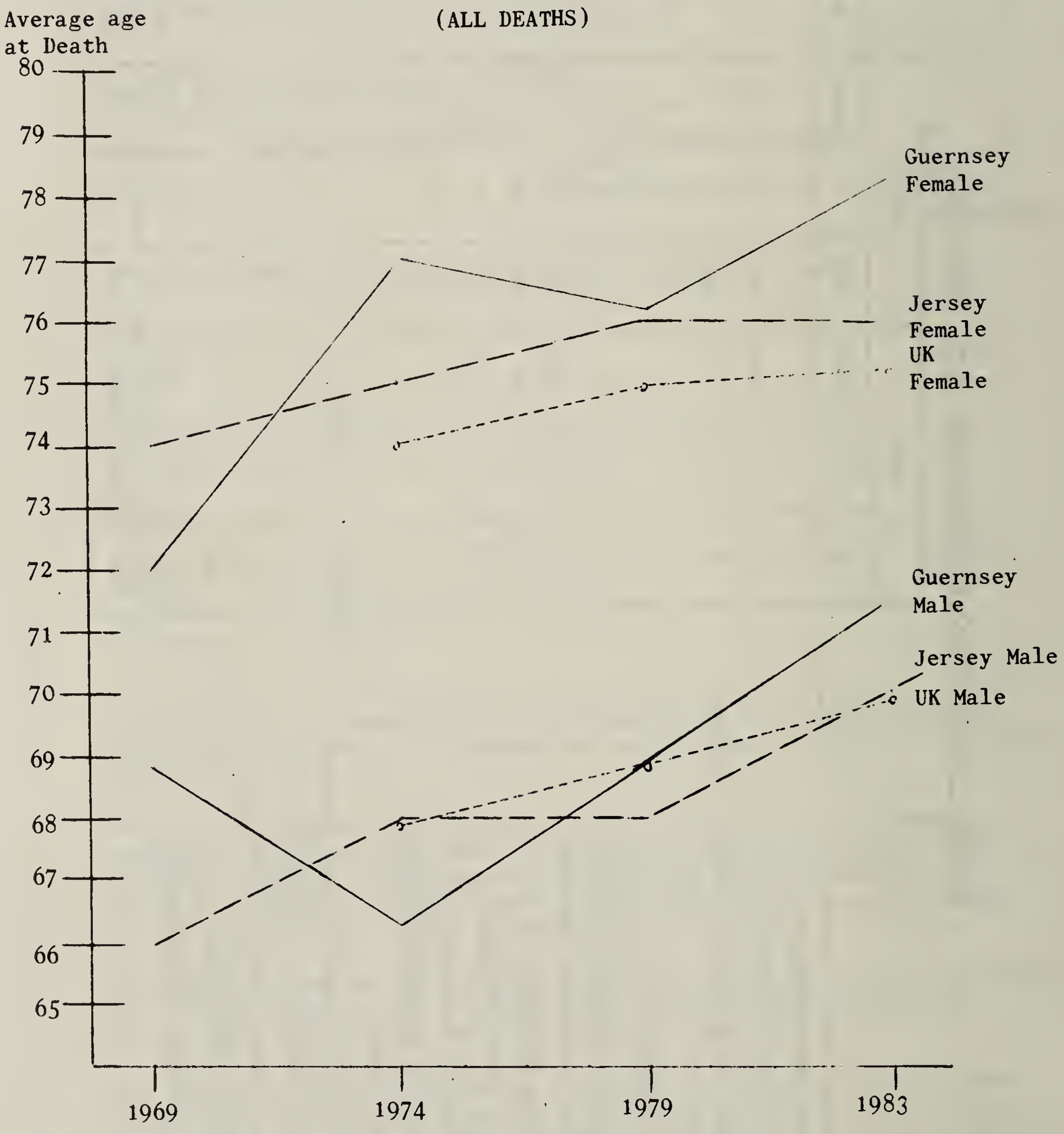
DEATHS - CLASSIFIED BY CAUSE AND SEX, 1981-1983

GROUP		1981			1982			1983		
		M	F	Total	M	F	Total	M	F	Total
I	Infectious and parasites:	–	3	3	–	1	1	–	1	1
II	Cancer and new growths:	78	58	136	76	67	143	81	74	155
III	Endocrine, metabolic and immune diseases:	1	5	6	4	2	6	4	1	5
IV	Anaemias:	–	1	1	2	1	3	–	–	–
V	Mental disorders:	1	–	1	–	6	6	3	3	6
VI	Nervous and sensory disorders:	3	7	10	8	8	16	10	10	20
VII	Heart and circulatory diseases:	157	138	295	137	148	285	141	154	295
VIII	Respiratory diseases:	34	33	67	46	34	80	49	61	110
IX	Digestive system diseases:	16	7	23	10	11	21	12	10	22
X	Genitourinary diseases:	3	6	9	8	12	20	7	4	11
XI	Complications of childbearing:	–	–	–	–	–	–	–	–	–
XII	Skin conditions:	–	–	–	–	–	–	–	–	–
XIII	Diseases of bone, muscles and joints:	1	–	1	1	3	4	–	1	1
XIV	Congenital anomalies:	3	2	5	1	4	5	–	1	1
XV	Diseases of the foetus and newborn:	2	2	4	–	–	–	2	1	3
XVI	Ill-defined conditions:	6	11	17	1	13	14	3	10	13
XVIII	Accident, injury and poisoning:	12	5	17	13	13	26	12	6	18
		317	278	595	307	323	630	324	337	661

Fig 3.2

COMPARISON OF AVERAGE AGE AT DEATH

(ALL DEATHS)



GUERNSEY : SOME COMPARISONS OF AVERAGE AGE AT DEATH

MALE DEATHS	1969	1974	1979	1983
Guernsey	68.8	66.3	68.9	71.5
Jersey (mid 5 year averages)	66	68	68	70
UK	-	67.7	68.8	69.6
FEMALE DEATHS				
Guernsey	71.9	76.9	76.3	78.4
Jersey (mid 5 year averages)	74	75	76	76
UK	-	74	75	75.2

Over the years, the average age at death is an indicator of the expectation of life, and of the longevity of the population. However, relatively small numbers can cause difficulty in deciding how significant changes are, compared year by year. The slope of the graph is a more reliable indicator of a true trend.

This comparison shows that women may expect to live about 6½ years longer in 1983 than in 1969, and men about 3 years longer. This trend does not differ markedly from that of Jersey, nor from that of the United Kingdom. In other words, if longevity is used as a measure of the "health" of the Island, the figures indicate a satisfactory state of affairs. They are, however, a measure of quantity rather than quality. What is of interest, and of importance to planning care for the elderly, is that the 7 year difference between the averages for men and women appears to be relatively constant. This means that on average, widows may need support and help for 7 years of their lives, when they may have to manage on their own.

Table 3.3

CREMATIONS - 1983

Numbers of cremations carried out in Guernsey:

Year	Guernsey Residents	Non Residents	Cremations of Residents as a Proportion of Resident Deaths
1970	177	7	29.0%
1971	212	5	33.0%
1972	213	4	37.0%
1973	206	4	35.0%
1974	218	8	36.0%
1975	222	12	35.0%
1976	223	12	37.0%
1977	260	12	42.0%
1978	246	9	43.0%
1979	261	10	43.0%
1980	260	27	45.6%
1981	284	15	47.7%
1982	249	31	39.5%
1983	289	11	43.7%

Table 3.4

GUERNSEY - DEATHS BY I.C.D. GROUPS AND AGE-GROUPS 1983

CAUSE OF DEATH	GRAND TOTAL	TOTAL ALL AGES		UNDER 1		1-4		5-14		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
GROUP I Infectious and Parasitic Diseases	1	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
GROUP II Neoplasms	155	81	74	-	-	-	-	-	1	-	-	-	2	20	19	25	26	36	26
GROUP III Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders	5	4	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	3	1
GROUP V Mental Disorders	6	3	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	3
GROUP VI Diseases of the Nervous System and Sense Organs	20	10	10	-	-	-	-	-	-	-	-	1	-	2	-	4	2	3	8
GROUP VII Diseases of the Circulatory System	295	141	154	-	-	-	-	-	-	-	-	4	2	28	5	42	25	67	122
GROUP VIII Diseases of the Respiratory System	110	49	61	1	-	1	-	-	-	-	-	-	-	3	2	16	3	28	56
GROUP IX Diseases of the Digestive System	22	12	10	-	-	-	-	-	-	-	-	-	-	2	-	3	3	7	7
Carried forward	614	300	314	1	-	1	-	-	1	-	-	5	4	56	27	91	59	146	223

Table 3.4 cont.

GUERNSEY - DEATHS BY I.C.D. GROUPS AND AGE-GROUPS 1983

CAUSE OF DEATH	GRAND TOTAL	TOTAL ALL AGES		UNDER 1		1-4		5-14		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Brought forward	614	300	314	1	-	1	-	-	1	-	-	5	4	56	27	91	59	146	223
GROUP X Diseases of the Genitourinary System	11	7	4	-	-	-	-	-	-	-	-	1	-	-	-	1	1	5	3
GROUP XIII Diseases of the Musculoskeletal System and Connective Tissue	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
GROUP XIV Congenital Anomalies	1	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
GROUP XV Certain conditions originating in the Perinatal Period	3	2	1	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
GROUP XVI Symptoms, Signs and Ill-Defined Conditions	13	3	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	10
GROUP XVII Injury and Poisoning	18	12	6	-	-	-	-	-	-	-	-	6	1	4	3	2	-	-	2
Totals	661	324	337	3	2	1	-	-	1	-	-	12	5	60	30	94	61	154	238

Table 3.5

GROUP VII - DISEASES OF THE CIRCULATORY SYSTEM

DEATH FROM HYPERTENSION, "CORONARIES" AND "STROKES" 1978-1983

I.C.D. Codes	Cause of Death	1978		1979		1980		1981		1982		Average 78-82		1983	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
400-404	Hypertensive heart disease ("Blood pressure")	6	2	6	11	3	8	11	6	12	5	8	14	9	10
410-414	Ischaemic heart disease ("Coronaries")	72	68	78	54	67	56	86	53	65	51	74	56	75	63
430-438	Cerebrovascular disease ("Strokes")	26	50	33	39	24	56	27	43	23	48	27	47	25	44
ALL GROUP VII CODES		128	166	156	151	118	144	157	138	137	148	139	149	141	154

Table 3.6

GROUP VIII - DISEASES OF THE RESPIRATORY SYSTEM 1978-1983

I.C.D. Codes	Cause of Death	1978		1979		1980		1981		1982		Average 78-82		1983	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
485	Bronchopneumonia, unspecified	9	15	12	16	13	12	14	15	22	23	14	16	15	29
487	Influenza	-	-	3	7	1	-	-	2	-	2	-	2	3	9
491-492	Chronic bronchitis and emphysema	11	4	22	4	10	4	13	3	13	2	14	3	15	4
ALL GROUP VIII CODES		29	27	48	36	48	37	34	33	46	34	41	33	49	61

Table 3.7

DEATHS DUE TO SOME VIOLENT OR ACCIDENTAL CAUSES 1978-1983

B.T.L. Codes	Cause of Death	1978		1979		1980		1981		1982		1983		I.C.D. Codes
		M	F	M	F	M	F	M	F	M	F	M	F	
E471	Motor vehicle traffic accidents	5	2	3	1	–	–	3	–	3	2	3	1	E810-819
E473	Water transport accidents	2	–	2	–	–	–	–	–	–	–	–	–	E830-838
E48	Accidental poisoning	–	–	–	1	2	–	1	–	2	1	–	2	E850-869
E50	Accidental falls	3	–	2	2	–	1	1	–	1	3	2	–	E880-885
E51	Accidents caused by fire or flames	2	–	–	–	–	–	–	–	–	–	–	–	E890-899
E521	Accidental drowning and submersion	1	–	–	–	–	–	–	–	–	1	1	–	E910
E54	Suicide and self-inflicted injury	3	2	4	3	3	5	3	4	3	4	2	1	E950-959
E55	Homicide	–	–	–	–	–	–	–	–	–	–	–	–	E960-969
E560	Injury undetermined whether accidentally or purposely inflicted	2	–	–	–	–	1	2	–	–	1	–	–	E980-989
ALL ABOVE CODES		11	5	18	4	12	7	5	7	10	14	12	6	

Table 3.8 MORTALITY - CANCER (ALL FORMS) - 1961-1983

Death by year and sex, rates per thousand resident population.

YEAR	PERSONS		MALE		FEMALE	
	Deaths	Rate/1,000	Deaths	Rate/1,000	Deaths	Rate/1,000
1961	98	2.23	40	1.89	58	2.54
62	117	2.62	62	2.88	55	2.37
63	100	2.20	60	2.75	40	1.70
64	100	2.17	51	2.30	49	2.05
65	104	2.22	65	2.89	39	1.61
66	127	1.68	72	3.15	55	2.23
67	114	2.37	68	2.94	46	1.84
68	124	2.54	69	2.94	55	2.17
69	121	2.44	63	2.64	58	2.26
1970	91	1.81	59	2.44	32	1.23
71	149	2.93	88	3.59	61	2.31
72	131	2.55	74	2.99	57	2.13
73	129	2.48	65	2.60	64	2.37
74	137	2.61	69	2.72	68	2.50
75	142	2.67	77	3.01	65	2.37
76	139	2.60	70	2.70	69	2.49
77	158	2.91	98	3.74	60	2.14
78	131	2.41	71	2.71	60	2.14
79	129	2.36	65	2.47	64	2.37
1980	147	2.75	72	2.80	75	2.71
81	136	2.55	78	3.03	58	2.10
82	143	2.68	76	2.95	67	2.43
83	155	2.90	81	3.15	74	2.68

Table 3.9

GROUP II - NEOPLASMS - SOME CANCERS 1978-1983

I.C.D. Codes	Cause of Death	1978		1979		1980		1981		1982		Average 78-82		1983	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F
150	Malignant neoplasm of oesophagus	4	3	2	3	1	3	4	1	3	2	3	2	3	3
151	Malignant neoplasm of stomach	5	-	3	4	6	4	5	4	10	12	6	5	6	7
152-154	Malignant neoplasm of intestine (including rectum)	7	14	9	15	6	13	9	12	9	10	8	13	12	12
157	Malignant neoplasm of pancreas	1	1	2	1	7	3	4	1	2	4	3	2	5	3
161	Malignant neoplasm of larynx	1	-	1	-	1	-	-	-	-	-	-	-	1	-
162	Malignant neoplasm of trachea, bronchus and lung	28	6	30	7	19	11	25	8	29	10	26	8	27	11
174	Malignant neoplasm of breast	-	10	-	9	-	13	-	12	-	10	-	11	-	11
180-183	Malignant neoplasm of uterus, cervix and adnexae	-	12	-	10	-	10	-	6	-	4	-	8	-	5
185	Malignant neoplasm of prostate	6	-	7	-	7	-	6	-	5	-	6	-	10	-
204-207	Leukaemia	1	1	2	1	1	3	-	2	1	-	1	1	-	2
ALL CANCER		71	60	65	64	72	74	78	58	76	67	73	65	81	74
TOTAL DEATHS		131		129		146		136		143		137		155	

Note: The figures at the foot of each column are not totals of the figures above but the total of all cancer deaths at all ages for the given year.

Table 3.10 I.C.D. 151 CANCER OF THE STOMACH DEATHS

	MALE	PREVIOUS 5YRS AVERAGE MALE	FEMALE	PREVIOUS 5YRS AVERAGE FEMALE	TOTAL	AVERAGES OF TOTALS
1964	12		3		15	
1965	9		4		13	
1966	20		8		28	
1967	9		3		12	
1968	6	11	4	4.5	10	15.5
1969	2	9	3	4.5	5	13.5
1970	8	9	-	3.5	8	12.5
1971	13	7.5	8	3.5	21	11
1972	5	7	4	4	9	10.5
1973	6	7	7	4.5	13	11
1974	6	7.5	5	5	11	12.5
1975	8	7.5	5	6	13	13.5
1976	10	7	8	6	18	13
1977	12	9	4	6	16	14
1978	5	8	-	5.5	5	12.5
1979	3	7.5	4	4	7	12
1980	6	7	4	4	10	11
1981	5	6	4	3	9	9.5
1982	10	6	12	5	22	10.5
1983	6	6	7	6	13	12

Note: Averages are over 5 year periods, including the year for which the average is given, to nearest 0.5.

Table 3.11

MORTALITY - CANCER OF BREAST - GUERNSEY WOMEN 1976-1983

by age groupings, with rates and mainland comparisons

Year	Under 40	40-59	60 and over	Total	Rate per 100,000 Guernsey	Rate per 100,000 England & Wales
1976	-	4	5	9	32.6	46.4
1977	-	5	7	12	42.8	46.6
1978	-	1	9	10	35.6	47.0
1979	1	2	6	9	31.9	47.6
1980	-	1	12	13	47.0	47.8
1981	2	3	7	12	43.4	49.1
1982	1	3	6	10	36.3	48.7
1983	-	2	9	11	39.9	49.7

Five year average rates 1979-1983

Guernsey	46.7 per 100,000 females
England and Wales	48.6 per 100,000 females

CANCER OF THE FEMALE BREAST

In January 1961 the Imperial Cancer Research Fund, a voluntary body supported by donations, set up a long term research project in Guernsey to try and identify hormonal changes that might indicate a predisposition to the subsequent development of breast cancer. As a result of local enthusiasm and excellent co-operation from the ladies of Guernsey and local doctors, nearly 13,500 women have been recruited to this study, which is continuing.

The results so far show that there are metabolic changes in the body which precede the onset of breast cancer by up to 10 years, and that these can be detected by analysing steroid hormones in blood and urine samples. The problem that is proving much more difficult to solve is refining sampling and analytical methods so that an effective screening technique can be used, followed by effective intervention to prevent cancer, when this is indicated. If the specificity of testing can be improved, screening for abnormal levels of steroid metabolites could be a very valuable adjunct to other methods of early detection of breast cancer.

The details of this research project are as follows:

1961 Recruitment of 5000 Guernsey Women, aged 35-55 started. Each recruit submitted a 24 hour urine sample for analysis for androgen metabolites.

1967 A second group of 5000 women aged 35-55 were recruited for estimation of blood androgen metabolites as well as urinary metabolites.

1977 A third group of 5000 women, over the age of 35, are being recruited, for whom clinical examination and breast examination by mammography are added to the standard procedure of taking blood and urine samples.

Records are kept for all women entering the trial. If cancer of the breast is subsequently detected, the stored urine and blood samples are analysed and compared with controls, to quantify any abnormalities that were present before the cancer was detected.

Staff

The trial was set up in 1961 by Sir Hedley Atkins, KBE, Late Professor of Surgery at Guy's Hospital and Director of the Breast Unit, and Dr. Guy Marian, Director of Research of the Imperial Cancer Research Fund and has continued under the direction, and with the help of:

Mr. J.L. Hayward FRCS, Director ICRF Breast Cancer Unit
Dr. R.D. Bulbrook, Endocrinologist, ICRF Lincolns Inn Fields
Sister E.W. Lincoln MBE, Project Team Organiser, Guernsey
Dr. J. Bulstrode, Radiologist (assisting since 1977)

Table 3.12

MORTALITY - CANCER OF TRACHEA, BRONCHUS AND LUNG - 1964 - 1983

Guernsey deaths and rates per million resident population, compared with rates per million published for England and Wales. (England and Wales data from O.P.C.S. Quarterly publication "Population Trends").

(Rate/M - Rate per million)

	PERSONS			MALE			FEMALE		
	Deaths	Rate/M Guernsey	Rate/M E & W	Deaths	Rate/M Guernsey	Rate/M E & W	Deaths	Rate/M Guernsey	Rate/M E & W
1964	19	412		15	677	933	4	167	159
65	22	470		22	978	958	0	-	168
66	29	611		20	876	969	9	365	178
67	26	540		24	1,036	1,003	2	80	189
68	21	430		18	766	1,015	3	118	198
69	23	464		20	839	1,043	3	117	202
70	20	398		18	745	1,049	2	77	214
71	39	766		36	1,470	1,052	3	114	222
72	37	719	642	31	1,252	1,074	6	225	233
1973	32	615	651	26	1,038	1,082	6	223	242
74	30	571	668	22	869	1,099	8	294	260
75	32	603	665	25	976	1,084	7	255	267
76	28	522	678	22	849	1,103	6	216	274
77	40	737	687	34	1,297	1,109	6	214	287
78	34	626	695	28	1,067	1,112	6	214	299
79	37	678	702	30	1,138	1,113	7	248	312
80	30	562	709	19	738	1,109	11	398	330
81	33	619	700	25	973	1,088	8	290	331
82	39	732	702	29	1,128	1,075	10	363	348
83	38	713	716	27	1,050	1,096	11	399	356

Ten year averages

1964-73	543	968	149
1974-83	636 (+17%)	1,009 (+4%)	289 (+94%)

Note: Rates are based on a new series of population estimates which use a new definition and population base (see O.P.C.S Monitor PP1 84/1).

Table 4.1

IMMUNISATIONS GIVEN AT LUKIS HOUSE

	1983	1982
Cholera	-	8
B.C.G.	820	831
Influenza	320	370
Poliomyelitis	-	48
Rabies	7	26
Tetanus	45	40
Typhoid	2	2
Yellow Fever	-	2
	1194	1327

In Guernsey, infant immunisations are given by the family doctors and paid for by the Board of Health.

B.C.G. is administered through the School Medical Services and the detailed breakdown is given in the Annual Reports of the School Medical Officer for each academic (not calendar) year.

Rabies immunisation is offered only to volunteers among Customs officers and certain Harbour staff.

INFANT IMMUNISATION

Infants eligible for immunisation (at risk from the disease) for each year in the table below is arrived at by deducting infant deaths and emigrants from the births in that year and adding immigrant infants still requiring immunisations.

"Protected" children are those who have had a complete primary course of immunisation.

Table 4.2

Year	Infant population at risk by year of birth	PROTECTED AGAINST							
		DIPHTHERIA & TETANUS		WHOOPING COUGH		POLIO		MEASLES	
		NO.	%	NO.	%	NO.	%	NO.	%
1979	633	616	97.3	348	55.0				
1980	575	563	98.9	322	56.0				
1981	590	531	90.0	343	58.1				
1982	592	394	66.5	344	58.0	275	47.0	77	13.0
1983	660	273	41.0 *	240	36.0*	197	30.0 *		

*These figures are incomplete. Infants born in the last quarter of 1983 are only just commencing immunisation by the year's end.

Measles vaccination is offered in the second year of life; no children are vaccinated in the year of birth. Notification of vaccination started in 1983, so the total is an under estimate of the true position.

The number of children protected against whooping cough are those who have had 3 doses of Triple Vaccine (DTPer/Vac).

Those protected against diphtheria and tetanus have either had Triple Vaccine or Diph/Tet vaccine.

Table 4.3

INFECTIOUS DISEASE NOTIFICATIONS RECEIVED BY DISEASE AND MONTH OF OCCURRENCE 1983

The following notifiable diseases were reported during the year

Disease	Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Measles	258	46	55	92	41	8	6	6	2	–	–	2	–
Whooping Cough	48	11	15	6	1	5	4	–	2	–	–	1	3
Food Poisoning	22	1	1	–	1	–	–	4	4	2	–	–	9
Dysentery	1	–	1	–	–	–	–	–	–	–	–	–	–
Infective Hepatitis	4	–	–	–	–	1	1	1	1	–	–	–	–
Scarlet Fever	4	1	–	–	2	–	–	–	–	–	1	–	–
Meningitis	1	–	–	–	–	–	–	–	–	–	–	–	1
Psittacosis	1	–	1	–	–	–	–	–	–	–	–	–	–
Tuberculosis	3	–	–	–	–	1	–	1	–	1	–	–	–
Total	342	59	73	98	45	15	11	12	9	3	1	3	13

SEXUALLY TRANSMITTED DISEASES CLINIC

Dr. J.E.T. Strickland, Venereologist, has submitted the following report:

Attendance figures for the year 1983

The overall figures are much the same as for 1982, but as a result of the publicity given in the media to Genital Herpes infections and to A.I.D.S. the attendances for "check-ups" increased considerably. This included a greatly increased number of Male homosexuals worried about A.I.D.S. There were no cases of syphilis during the year.

Clinics have been held regularly, at separate times each afternoon for men and women, on Mondays (2.30-5.30pm), Wednesdays (2-5pm), Thursdays (4.30-5.30pm), and Fridays (4.30-7.30pm). The clinic building next to St. Peter Port Hospital has continued to provide very satisfactory accommodation.

The customary lectures to the Pupil Nurses at the Princess Elizabeth Hospital followed by a visit to the Clinic, and to the members of the Para-Medical Course from the College of Further Education, held at the Clinic, were given during the year.

J.E.T. Strickland.

Dr. J.E.T. Strickland,
Venereologist.

Table 4.4

SEXUALLY TRANSMITTED DISEASES CLINIC

	Cases			Total New Cases of			Attendances		
	Male	Female	Total	Syphilis	Gonorrhoea	NSU	Male	Female	Total
1972	211	40	251	1	90	95	1114	150	1264
1973	176	48	224	1	66	97	1003	183	1186
1974	194	65	259	3	90	93	974	227	1201
1975	190	83	273	18	81	89	898	321	1219
1976	172	62	234	6	70	43	899	186	1085
1977*	146	43	189	0	35	41	322	93	415
1978	132	37	169	1	32	28	330	82	412
1979	146	58	204	3	48	36	332	133	465
1980	158	56	214	2	49	40	337	97	434
1981	144	34	178	2	31	49	369	89	458
1982	132	45	177	0	36	35	243	77	320
1983	150	32	182	0	24	31	237	45	282

* In 1977 statistics were computed in a different way, so that the sudden drop in attendances only partly reflects the decrease in new cases and the marked drop in repeat visits due to changed therapeutic regimens.

SPECIAL TREATMENT DEPARTMENT - MALE PATIENTS - 1983

Cases : Total 150

	Syphilis	Gonorrhoea	Non-specific Urethritis	Other sexually transmitted diseases	Miscellaneous Conditions	Totals
Table 4.5 : Specific Conditions						
Infection contracted:						
between residents locally	-	6	12	-	-	18
between residents and non-residents	-	5	8	-	-	13
by residents outside the locally island	-	2	3	-	-	5
by non-residents outside the island	-	1	4	-	-	5
between non-residents locally	-	6	-	-	-	6
Totals		20	27	-	-	47
Table 4.6 : All Cases						
Status						
Residents	-	12	15	28	32	87
Visitors	-	1	-	-	-	1
Visiting Seamen	-	-	1	3	1	5
Imported Labour - hotel staff	-	4	7	13	10	34
Imported Labour - horticulture	-	-	-	-	-	-
Others not classified above	-	3	4	8	8	23
Totals	-	20	27	52	51	150
Table 4.7 : All Cases						
Age-Group						
Under 16	-	-	-	-	1	1
Age 16-19	-	3	3	6	5	17
Age 20-29	-	12	13	36	27	88
Age 30-39	-	5	7	6	12	30
Age 40 and over	-	-	4	4	6	14
All ages	-	20	27	52	51	150

Total Attendances: 237

SPECIAL TREATMENT DEPARTMENT - FEMALE PATIENTS - 1983

Cases : Total 32

Table : 4.8 : Specific Conditions

Infection contracted:	Syphilis	Gonorrhoea	Non-specific Urethritis	Other sexually transmitted diseases	Miscellaneous Conditions	Totals
between residents locally	-	-	3	-	-	3
between residents and non-residents	-	2	-	-	-	2
by residents outside the locally island	-	-	-	-	-	-
by non-residents outside the island	-	1	-	-	-	1
between non-residents locally	-	1	1	-	-	2
Totals	-	4	4	-	-	8

Table : 4.9 : All Cases

Status	Syphilis	Gonorrhoea	Non-specific Urethritis	Other sexually transmitted diseases	Miscellaneous Conditions	Totals
Residents	-	-	3	7	10	20
Visitors	-	-	-	-	-	-
Visiting Seamen	-	-	-	-	-	-
Imported Labour - hotel staff	-	2	1	4	1	8
horticulture	-	-	-	-	-	-
Others not classified above	-	2	-	2	-	4
Totals	-	4	4	13	11	32

Table : 4.10: All Cases

Age-Group	Syphilis	Gonorrhoea	Non-specific Urethritis	Other sexually transmitted diseases	Miscellaneous Conditions	Totals
Under 16	-	-	-	-	1	1
Age 16-19	-	2	-	6	3	11
Age 20-29	-	2	3	6	4	15
Age 30-39	-	-	1	1	-	2
Age 40 and over	-	-	-	-	3	3
All ages	-	4	4	13	11	32

Total Attendances: 45

SEXUALLY TRANSMITTED DISEASES - 1983

In addition to those cases attending the Sexually Transmitted Diseases Clinic, 22 cases of gonococcal infection were confirmed by laboratory diagnosis, from patients attending family doctors.

Table 4.11

POSITIVE CULTURE

	16yrs	16-19	20-29	30-39	40+	AGE UNKNOWN	TOTAL
Male	-	3	6	4	2	3	18
Female	-	1	2	1	-	-	4
							22

COMMUNITY NURSING AND MIDWIFERY, 1983

I am indebted to Miss. D. Aeschimann, BA(Hons),S.R.N., S.C.M., Community Nursing Co-Ordinator for reporting on this service.

Dr. C.G. White, M.B.E., made the following comments in appreciation of the Twilight Service:-

"At the first meeting of the newly constituted 'Primary Care Sub-Committee' of the Medical Staff Committee, mention of the development of the Twilight Service brought forth glowing praise from Dr. Susan Mowbray, Acting Consultant Geriatrician. She went on to say that of all recent moves in the geriatric field the Twilight Service had contributed most to the movement of patients to their own homes, therefore the better use of geriatric beds and was greatly appreciated by patients and their relatives alike."

A few days later a patient's relative stated: '...if it hadn't been for the Twilight Service in those last weeks, I don't think that I could have coped. Just knowing that someone trained would come each evening is tremendous support.'

These very gratifying remarks emphasise the importance of this new part of the service.

1. Staffing and development of the Twilight Service:

   By January, the fourth member of each evening's team, who was on call was being needed so regularly that it was agreed to drop the "on call" arrangement and accept that there must be four on duty every evening. The monthly totals of visits rose steadily, reaching one thousand in May, and then dropping to between six and seven hundred for the rest of the year. The total for the year was 9020, which included nearly 3000 visits by two nurses, so that over 6000 calls were made by either one or two nurses at patients' homes. The ratio of singles to doubles remained surprisingly constant in comparing 1982 (9 months) and 1983, but the monthly average of total visits rose by 200.

2. Other staff changes:

   Sister Le Page retired when she was expecting her second child, and the visiting of all the mothers and babies post-natally except in St. Peter Port, became the responsibility of Mrs. Joyce, S.R.N., S.C.M. We were also sorry to lose 3 part-timers, Mrs. Dales, Mrs. Wright and Mrs. B. Le Gallez for family reasons. They were replaced by Mrs. Hobbs E.N., Mrs. Le Messurier, E.N., and Auxiliary Mrs. Hooper. As a result of Mrs. Joyce's ceasing to be Bank staff, we were glad to have occasional help from Mrs. Hollyer-Hill with Twilight relief, the latter relieving Mrs. Joyce's holidays.

3. Study:

   Apart from the Board of Health's own study days which all trained staff attended as usual, and Miss. Jehan's compulsory midwifery refresher course, several other seminars and conferences were attended by 24 nurses. Local seminars included one on healing, and another on Cancer, each attended by 7 nurses; Jersey seminars were by the British

Diabetic Association to which 5 nurses went, and another 2 went to the Radar conference there on rehabilitation. The major Conference of 1983 was in London, entitled "Towards Tommorrow's World", an international Community Care event, and three of our staff attended this. The Nursing Amenities Fund provided very considerable financial support for further education of nurses.

4. The Community Nursing Amenities Fund:

This also provided funds for Home Nursing Equipment, nursing aids for the Venous Ulcer Clinic, half the cost of a holiday at the Maison des Landes Hotel, Jersey, for 12 people, (7 of our patients and 5 able-bodied relatives or friends accompanying them.), the cost of the annual Christmas dinner, together with money spent on fuel for patients at that time, and gifts for staff when bereaved, off sick, retiring or with new babies. Some money donated was specified to be spent for the nurses' pleasure and this was naturally taken into account. In all £3,500 was spent during the year from this fund.

5. The Venous Ulcer Clinic:

This was well supported by referrals by General Practitioners, as shown in the following table:-

Table 5.1

	1983	1982
Total patients attending	37	(29)
Total visits to Clinic	591	(482)
Total new patients	25	(14)
Discharged healed	14	(8)
Discharged other reasons	10	(9)
Continuing to be treated	13	(12)

The 37 patients were mainly aged 60-80 but 2 were under 50 and 4 over 80 years old. Extra home visits (131) were paid to some who needed more frequent treatment.

6. Pupil Nurses:

Twenty-eight pupils from the Enrolled Nursing School each spent their first or second month with us during 1983, which totalled 112 weeks' programming. Each of them spends a full fortnight of each block with District Nurses, the remaining fortnight being either related to the young or the old in areas either run by the States departments or voluntary agencies.

7. Night Nursing:

There is no regular night nursing service run from this department, nor does there seem to be any justification for one at present. Twilight Nursing has reduced much of the need for this, and during 1983 only two patients needed one single visit each, while a third patient had 17 weekly visits for a terminal condition (in addition to Twilight Visits every evening) to give the family one night off per week. Night nursing was carried out by Bank Staff exclusively.

8. Acknowledgements:

As during past years we have had a great deal of support and help from various organisations and States Departments, and mention must be made of the three District Nursing Associations who helped again with the

Jersey holiday; of the Guernsey Flower Arrangement Society whose delightful Christmas posies give such pleasure to our patients; of the States Prison who give us kindling weekly and logs annually; of all people who kindly take pupils for the various parts of their Community experience while seconded to us from the Enrolled Nurses' School; and lastly of various guest speakers who came her to talk to the Community Nurses, namely Dr. Parsons on the U 100 Insulin; ladies from the Citizens' Advice Bureau; ladies from the National Childbirth Trust and from the recently founded Guernsey Bailiwick Association for the Hard of Hearing and Deaf.

9. Statistics:

Comparitive figures appear in the following tables:

Table 5.2

Community Nursing and Midwifery Visits

	1976	1982	1983	% Increase in 1983
General Visits	23,184	43,823	49,872	13.8
Visits to over 65's	18,680	36,829	42,507	15.4
% of visits to over 65's	80.2%	84.0%	85.2%	
Twilight Visits	-	4,922*	9,020¥	37
Midwifery Visits	1,961	3,462	3,989	15.2
Total Visits	25,245	52,207	62,881	20.8

* Figure for 9 months only
¥ Includes total nurse patient contacts, i.e., visit by 2 nurses = 2 visits.

It was stated in the 1982 report that an increase in staff was urgently needed. This is still true, but the type of staff increase we need is debatable. The first priority is for more trained District Nurses, but they must be supported by an adequate number of enrolled nurses and nursing auxiliaries.

The breakdown of figures for medical as opposed to surgical visits have been dropped because there are so comparitively few of the latter. Overall, the number of new referrals and visits has increased by over 20% during the year, but there has been a greater increase of new cases in the Vale and St. Sampsons than in the other parts of the Island. The Twilight Service has been responsible for some of the increase in workload as it is proving so effective in facilitating both earlier discharge from hospital and prolonged care at home in terminally ill patients.

Table 5.3

Domiciliary Midwifery Visiting

		TOWN	NORTH	SOUTH	All Areas
Mothers)	1983	223	186	252	661 (+17.2%)
attended)	1982	179	176	209	564
		(+44)	(+10)	(+43)	(+97)

Table 5.3 (Continued)

Domiciliary Midwifery visiting

		TOWN	NORTH	SOUTH	All Areas
Midwifery visits	1983	1258	1133	1598	3989
	1982	1033	1142	1287	3462
		(+225)	(- 9)	(+311)	(+527)

However, these figures do not show the flexible working of midwives in that South babies were visited fortnightly at week-ends by Town midwives in addition to their own.

Table 5.4

Time of first post-natal visit

Mothers visited at home after delivery:

	After home delivery	within 48 hrs	3-7 days	over 8 days	after neo-natal death	Total
1983	1	34	487	138	1	661
%	0.15%	5.1%	73.7%	20.9%	0.15%	100%
1982	0	25	416	119	4	564
%	-	4.4%	73.8%	21.1%	0.7%	100%

It can be seen that apart from the increase in the number of births and of mothers visited before the 10th day after delivery, there has been earlier visiting because of the continued trend towards earlier discharge.

Table 5.5

Reasons for additional visits after 10th day

		1983	1982	(1982 order)
1.	Delayed separation of cord	77	274	(1)
2.	Maternal support	68	47	(3)
3.	Wound supervision	59	60	(2)
4.	Feeding problems	41	23	(6)
5.	Infections (incl.sticky eyes)∅	29	19	(5)
6.	Subinvolution	11	10	(6)
7.	Blood pressure monitoring	10	0	(9)
8.	Post-partum haemorrhage	6	5	(7)
9.	Jaundiced baby or sick baby	3	3	(8)
	Total:	304	441	

∅ No further increase in sticky eyes noted

Table 5.6

Statutory and Routine Midwifery Visits 1983 : 1982

Nature of visit	1983	1982
Ante-natal visits, delivery booked for home	0	5*
Ante-natal visits, delivery booded for hospital	196	313
Post-natal visits, delivery took place at home	14¥	0
Post-natal visits, delivery took place in hospital	3539	2874
Visits following neo-natal death, termination and miscarriages	9	15
No access visits	231	255
Total statutory and routine visits	3989	3462

* This patient became ill and delivery which had been booked for home took place in hospital

¥ This patient had not been booked for home delivery. Her baby was delivered at very short notice by two Community midwives.

In Conclusion

1983 was a busy year, with all services growing and expanding, together with a growing awareness of the need to improve knowledge and keep up to date. More liaison with the hospitals would be welcome, perhaps with the opportunity for exchanges of staff to increase awareness of the two very different spheres of nursing in and out of hospital, which is so striking to the pupil nurses.

Table 5.7

ANNUAL STATISTICS FOR HEALTH VISITORS - 1983

	1983	1982
1) Pre-school Visits (5620 visits)		
Primary 0-1	572	585
Primary 1-5	56	27
Re-visits 0-1	3181	3999
Re-visits 1-5	1811	2210
Handicapped	-	-
Infestations	-	121
2) School Children (97)		
Home visits	92	97
School visits	5	8
Handicapped	-	-
3) Visits to: (1596 visits)		
Deprived families	-	-
Families with problems	265	394
Adults	-	-
Geriatrics	156	139
Physically handicapped	19	49
Mental health	6	14
Ante-natal	80	104
Hospitals	20	12
Nursing homes	11	9
Playgroups	4	19
Childrens ward liaison	43	41
Miscellaneous	176	192
No access	816	1126
4) Infected Households		
a) T.B.	-	-
b) Other	-	-
5) Visits with:		
Environmental Health Officers	-	-
Other	-	-
6) B.C.G. Programme (240 visits)		
M.P.T.	84	12
M.P.T. reading	84	12
B.C.G.	46	29
Home visits	26	34
7) Clinics (806 sessions)		
Maternity bookings	219	169
Developmental screening	342	331
Assessment after development	-	39
Child welfare	245	253

Table 5.7 (Cont)

		1983	1982
8)	Health Education (317 sessions)		
	Schools	4	4
	Groups	3	2
	Preparation sessions	45	58
	Parentcraft	63	60
	Relaxation	77	74
	Post-natal	108	124
	Film evening	17	24
9)	Meetings with: (185 sessions)		
	Medical Officer of Health	31	17
	School Medical Officer	6	3
	Health Visitors	16	21
	Group Practice	60	45
	Community Nurses	1	7
	Nursing Officers	-	-
	Case conference	7	5
	Obstetric club, course	-	34
	Other	64	77
10)	Miscellaneous (335)		
	Clerical	163	160
	Interviews at Lukis House	102	85
	Evening and Weekend Visits	35	35
	Pupil Nurse Training	35	54

Table 5.8 INFANT WELFARE CLINICS - 1983

Number of Clinics held and number of Children seen by Health Visitors at these Clinics

		Children seen			
Number of Clinics held		Number 0–1	Average Per Clinic	Number 1–5	Average Per Clinic
Brock Road, St. Peter Port	24	424	18	210	9
Cobo	52	1162	22	670	13
Lukis House	51	1502	29	226	4
L'Islet, St. Sampson's	23	482	21	270	12
St. Peter's	24	482	20	173	7
St. Martin's	23	658	29	175	8
St. Sampson's	24	404	17	129	5
Wesley Church Hall, St. Peter Port	24	230	10	127	5
	245	5344	22	1900	8
	Total:	7244	children		
1982	253	5046		2039	
			Total	7085	

A total of 3066 packets of assorted baby foods were sold during 1983 at the above Clinics.

In addition Health Visitors hold Parentcraft and Relaxation Classes on Thursday mornings and afternoons. During 1983 a total of 96 classes were held, attended by 356 mothers (1519 attendances throughout the year); in 1982 a total of 329 mothers attended these Classes, making 1626 attendances.

THE WORK OF THE ENVIRONMENTAL HEALTH OFFICER

REPORT OF J.M. BAIRDS, CHIEF ENVIRONMENTAL HEALTH OFFICER, FOR THE YEAR 1983

A total of 1947 complaints/requests were made to the department during the year (1804 in 1982, 1570 in 1981).

The work of the section is basically divided into two main areas : general duties and food control. Details of the workload in these categories are as follows:

Table 6.1

FOOD CONTROL SECTION - 985 complaints/requests (806 in 1982, 605 in 1981)

CLASSIFIED INSPECTIONS AND VISITS	1983	1982
Hotel/Guest Houses	219	228
Self-Catering	8	24
Restaurants/Cafes/Etc.	215	237
Take-Away Food Premises	8	16
Canteens	6	-
School Catering	8	12
Hospital Catering	3	20
Outside Catering	2	1
Conference Catering	18	29
Bakeries	33	53
Confectioners (Bakery)	16	21
Breweries	7	1
Public Houses	19	21
Grocers	68	67
Greengrocers	3	17
Greengrocers (Wholesale)	2	7
Confectioners (Ice Cream/Sweets Etc.)	-	7
Butchers (Retail)	41	62
Butchers (Wholesale)	29	23
Fishmongers (Retail)	21	5
Fishmongers (Wholesale)	11	-
Fish and Chip Shops	15	16
Mobile Food Vehicles	28	30
Cinemas/Clubs	-	-
Packing Stations	-	-
Wholesale/Storage Depots	36	14
Kiosks (Beach Etc.)	18	19
Food Factories	40	131
Vending Machines	-	-
States Markets	12	14
States Slaughterhouse	-	31
States Dairy	201	112
Milk Depots/Retailers	15	37
Milk Hygiene Investigations	245	-
Dairy Farms	428	282
Registrations (Food and Drugs)	5	2
Examination of Food	189	253
Food Surrender	285	247
Food Destruction (Supervision)	291	229

Table 6.1 (Cont)

	1983	1982
Food Consumer Complaints	107	85
Food Complaint Visits	344	215
Suspected Food Poisoning Investigations	33	47
Suspected Food Poisoning Visits	143	391
Microwave Ovens (Safety Checks)	-	4
Port Health - Docks	15	2
Port Health - Airport	2	11
Plans Inspected (Food Premises)	66	105
Visits with other Departments	29	28
Lectures (Food Hygiene)	21	13
Alderney - Visits	7	10
Herm - Visits	7	3
Sark - Visits	-	4
Non Classified Visits	630	624

Food Complaints.

A total of 107 complaints were received (85 in 1982, 77 in 1981); all were resolved without resort to formal action.

Food Sampling.

Samples submitted for bacteriological examination:

114 samples were taken during the year, as follows:

Food	3
Milk/Cream	6
Water	105

Samples submitted for chemical examination:

38 samples were taken as follows:

Food	17
Milk/Cream	7
Water	12
Other	2

Foodstuffs voluntarily surrendered during 1983

The food surrendered included:

Meat - fresh/frozen	15536 lbs.
- tinned	362 lbs.
- products	24874 lbs.

Fruit and vegetables 27978 lbs.

Cheese and fats 6015lbs.

Frozen foods 18871 packets.

Fish 1221 lbs.

Miscellaneous - 1528 pounds
7306 tins/packets

Table 6.2

DETAILS OF SUSPECTED FOOD POISONING INVESTIGATIONS - 1983

INCIDENT NO.	MONTH	FOOD PREMISES INVOLVED	NO. OF PERSONS INVOLVED	NO. OF PERSONS POSITIVE	NO. FOOD HANDLERS EXCLUDED	MAXIMUM PERIOD OF EXCLUSION (WEEKS)	ORGANISM INVOLVED	WHERE ORGANISM CONTRACTED	G.P. NOTIFICATION	P.H.D. NOTIFICATION	TOTAL
1	JAN	1	1	NIL	N/A	N/A	NIL	N/A	1	–	1
2	FEB	NIL	1	1	NIL	N/A	S. typhimurium 193	UK	1	–	1
2A	FEB	NIL	1	1	NIL	N/A	Bacillary dysentery	Not Known	1	–	1
2B	MAR	NIL	1	1	NIL	N/A	S. newington	South Africa	–	1	1
3	APR	1	14	NIL	1	1	NIL	N/A	1	–	1
4	JLY	1	22	NIL	1	3	NIL	N/A	4	–	4
5	JLY	NIL	1	1	NIL	N/A	S. typhimurium 10	UK	–	1	1
6	AUG	2	1	1	N/A	N/A	S. heidelberg	Guernsey	1	–	1
7	AUG	NIL	1	NIL	N/A	N/A	NIL	N/A	1	–	1
8	AUG	NIL	4	1	NIL	N/A	S. enteritidis 11	Guernsey	1	–	1
9	AUG	NIL	2	1	NIL	N/A	S. typhimurium 66	Not Known	–	1	1
10	AUG	NIL	4	NIL	N/A	N/A	NIL	N/A	1	–	1
11	SEP	NIL	1	1	NIL	N/A	S. typhimurium 12	UK	1	–	1
12	SEP	NIL	2	1	NIL	N/A	S. anatum	Not Known	–	1	1
13	SEP	NIL	1	1	N/A	N/A	Campylobacter SP	Not Known	1	–	1
14	SEP	1	34	5	1	1	Amoebic dysentery	Not Known	–	1	1
15	SEP	NIL	57	2	NIL	N/A	S. enteritidis 4	Not Known	–	1	1
16	SEP	NIL	1	1	NIL	N/A	S. infantis	Not Known	–	1	1
17	SEP	NIL	1	1	NIL	N/A	Shigella dysentery	Not Known	–	1	1
18	OCT	1	1	1	NIL	N/A	S.SP.UT	Guernsey	–	1	1
19	OCT	NIL	1	1	NIL	N/A	S. enteritidis 4	Majorca	–	1	1
20	DEC	NIL	6	5	NIL	N/A	S. typhimurium 49	Not Known	6	–	6
21	DEC	NIL	3	3	NIL	N/A	S. manchester	Not Known	3	–	3

Food Poisoning.

A total of 33 cases of suspected food poisoning (including 23 cases notified by medical practitioners) were investigated by environmental health officers, involving a total of 143 visits.

Investigations confirmed that of the 127 persons involved, 29 persons had contracted food poisoning either locally (3) or abroad (5). The origin of 21 cases could not be confirmed.

Details of suspected food poisoning investigations during the year are shown in Table 6.2

GENERAL SECTION - 962 complaints/requests (998 in 1982, 965 in 1981)

Table 6.3

STATISTICAL SUMMARY

GENERAL No. of Inspections and Visits

	1983	1982
Housing (Inspections)	779	750
Housing (Multiple Occupation)	4	11
Housing (Overcrowding)	12	17
Closing Orders	10	11
Closing Orders Revoked	13	3
Hotel Staff Accommodation	1	12
Nursing/Residential Homes	78	25
Hospitals	3	7
Hairdressers	9	7
Workplaces	57	8
Factories	6	2
Schools	9	4
Ships	-	4
Camp Sites	20	15
Beaches	5	-
Public Conveniences	13	40
Cemeteries/Crematorium	1	-
Swimming Pools	95	71
Atmospheric Nuisances	227	198
Atmospheric Observations	202	219
Noise Nuisances	79	54
Noise Observations	118	151
Refuse Accumulations	220	213
Controlled Tips	29	39
Verminous Premises	119	88
Disinfestations	14	2
Rodent Control	153	116
Fumigations	5	11
Non Public Health Pests	45	72
Water Supplies - Mains	53	62
Water Supplies - Private	120	55

Table 6.3 Cont'd

	1983	1982
Water Samples	117	-
Streams etc	12	15
Drainage	458	347
Cesspits	23	85
Septic Tanks	2	9
Sewers	29	24
Drain Tests	18	25
Farms	4	22
Piggeries	2	3
Animal Boarding Establishments	-	-
Stables (Riding)	-	-
Infectious Disease - Investigations	11	1
Infectious Disease - Other Visits	17	2
Home Safety	-	-
Health & Safety	5	8
Pharmacy & Poisons	3	-
Lectures (Health Education)	-	3
Plans Inspected	18	26
Visits with Other Departments	12	17
Alderney - Visits	6	9
Herm - Visits	3	2
Sark - Visits	3	7
Non Classified Visits	695	679
SO_2 Monitoring	218	43
Asbestos	39	-

Rodent Control.

1925 complaints or requests for treatment were received during the year (2128 in 1982 : 1845 in 1981) and an additional 1946 follow-up treatments were carried out by the Rodent Control Staff. Figures for pre baiting, test baiting and survey work are not included.

Category details were as follows:

Initial treatments.

Scheduled sector (domestic and States occupied premises)
731 complaints/requests - 37.97% (35.34% in 1982, 39.84% in 1981)

Non-Scheduled Sector (commercial premises)

1194 complaints/request - 62.03% (64.66% in 1982, 60.16% in 1981)

Follow-up treatments.

Scheduled Sector - 871 visits - 44.76% (47.93% in 1982)
Non-Scheduled Sector - 1075 visits - 55.24% (50.07% in 1982)

A more detailed breakdown of the workload is as follows:

Table 6.4

PREMISES	COMPLAINTS/ REQUESTS	%	SECONDARY VISITS	%	ADDITIONAL VISITS	%	TOTALS	%
GROWERS	863	44.8	485	41.0	267	35.0	1615	41.7
COMMERCIAL	60	3.1	36	3.0	16	2.1	112	2.9
FARMS	271	14.1	174	14.7	97	12.7	542	14.0
DOMESTIC	387	20.1	247	20.9	181	23.8	815	21.1
MISC.	344	17.9	242	20.4	201	26.4	787	20.3
TOTALS	1925	100	1184	100	762	100	3871	100

A further 316 non-classified were recorded.

Disinfestations.

Forty-five disinfestations of premises were carried out during the year (27 in 1982) either by rodent control staff or under the supervision of an environmental Health Officer.

Noise Pollution.

There were 79 complaints relating to noise during the year (54 in 1982).

Alderney.

A total of 13 visits were made by Environmental Health Officers on food hygiene and general public health matters. These visits included an intensive operation on the rodent population (see the report of the Assistant Medical Officer of Health for Alderney).

Health Education.

A total of 21 lectures on food hygiene were given to students at the College of Further Education.

J.M. Bairds, FRSH, MIEH,
Chief Environmental Health Officer

Table 6.5

CERTAIN STATISTICS RELATING TO HOUSING

Year	Priority Families	Eviction Cases	17+ Points	1-16 Points	Zero Points	Dwellings Constructed	Families Housed	Dwellings in Course of Construction or Conversion
1968	5	27	25	228	133	29	53	83
1969	7	23	10	220	115	59	109	297
1970	8	25	4	214	160	73	100	244
1971	4	10	1	113	190	183	194	61
1972	2	8	1	95	173	65	154	-
1973	1	8	-	113	155	-	74	-
1974	5	20	3	127	115	-	54	29
1975	2	18	-	161	111	36	51	103
1976	1	13	1	176	101	64	84	58
1977	2	11	-	175	85	46	104	-
1978	-	14	-	187	66	14	84	-
1979	2	24	-	192	90	-	78	65
1980	1	27	-	209	111	35	80	30
1981	3	30	3	179	44	-	79	7
1982	3	41	2	190	37	-	83	31
1983	6	19	-	128	51	10	82	-

I am indebted to the Secretary, States Housing Authority for the above data.

Table 7.1

MISUSE OF DRUGS LAW 1974

Importation Licences for controlled Drugs issued annually 1976-1983)

1976	40	(from June 1st only)
1977	80	
1978	89	
1979	82	
1980	87	
1981	117	
1982	112	
1983	117	

The sudden increase in 1981 is explained by the development of a pharmaceutical manufacturing business which, in 1981, commenced production of two preparations the formulation of which includes controlled drugs. The firm's requirements are imported in bulk periodically as production requirements dictate, each importation requiring a licence. There has also been an increase of one pharmacist applying for import licences since 1980. The apparent jump of about +35% is therefore easily understood.

ALDERNEY - ANNUAL REPORT

I am most grateful to Dr. A.C. Mulvaney, Assistant Medical Officer of Health in Alderney, for sending me the following report.

ANNUAL REPORT OF THE ASSISTANT MEDICAL OFFICER OF HEALTH, ALDERNEY FOR 1983

As mentioned in my 1982 Report, the States of Alderney were alarmed by the steep rise in the cost of the servicing of the Mignot Memorial Hospital. This year the States set up a sub-committee to discover the cause of the high cost of the local hospital and to seek ways of reducing it. As an illustration of the problem, the cost of running the Mignot Memorial Hospital in 1975 was £88,000, in 1983 it had risen to £346,000, the R.P.I. having risen by 136% in that time.

The number of deaths in the last year has been, at 18, well below the average of the last four years, e.g. 32, 39, 41 and 43. The average for the Channel Islands is 16 per 1000 population, the population of Alderney is just over 2000. Ten deaths were male, eight female.

The number of births in 1983 was nineteen, eight males and eleven females: sixteen babies were born in Guernsey in the Princess Elizabeth Hospital, the remaining three at the Mignot Memorial Hospital, Alderney.

There were thirteen marriages on the island.

Infectious diseases notifications were as follows:

German Measles	4
Measles	1
Scarley Fever	1
Salmonella Typhimurium	1

Further energetic steps were made with the assistance of the Guernsey Public Health Department to eliminate the rat population in the sewers and at the Impot tip by the use of Zinc Phosphide. However, the rat population still gives rise to a lot of public disquiet. Plans were drawn up to reorganise the disposal of rubbish at the Impot tip but due to lack of funds no further action has been taken in 1983.

Developmental checks on infants were made at 6 weeks (16) and 6-8 months (17) and primary courses of polio, diphtheria, whooping cough and tetanus vaccine were given to seventeen infants. Seventeen reception children at St. Anne's School were examined and all given boosters against polio, diphtheria and tetanus. They were all Tine Tested and found to be negative. Twenty six juniors were examined, Tine Tested and found to be negative and given B.C.G. vaccination. Twenty three school leavers were examined and given boosters against tetanus and polio; four did not attend. Eleven new entrants to St. Anne's School were also examined. Eighteen girls (100%) received Rubella Injections.

Seven hotels were visited with a view to granting a new Liquor Licence; all were eventually satisfactory. Five other establishments were visited following various complaints.

Discharge of rivulets on to Longy Beach gave rise to concern. The most obvious turned out to be the least dangerous. This consisted of several rivulets of brackish fluid coming from the base of the wall at the centre of the beach. Analysis by the States of Guernsey Analyst showed nothing more than vegetable matter in the water. The stream discharging at the southern end of the beach, carrying the final effluent from the sewage beds, was quite unsatisfactory, containing 1600 E. Coli per 100 mls. of fluid. Further tests will be made on the individual outflows from the sewage beds during 1984.

On five occasions food had to be condemned in shops because it had thawed out in transit from Guernsey to Alderney.

Miss B. Salmon, our new health visitor, has continued to expand the well baby clinic and has now established courses in Mothercraft.

Services continue to be provided by the district nurse, home help scheme and "meals on wheels".

I wish to thank the Guernsey Public Health Inspectors who made frequent visits to Alderney when requested.

Adrian C. Mulvaney.

Table 8.1

ALDERNEY DEATHS - 1983

ICD NO.	CONDITION	TOTAL ALL AGES M	TOTAL ALL AGES F	TOTAL ALL AGES PERSONS	AGE 1-44 M	AGE 1-44 F	AGE 45-64 M	AGE 45-64 F	AGE 65-74 M	AGE 65-74 F	AGE 75+ M	AGE 75+ F
	GROUP II											
162	Malignant, trachea, bronchus and lung.	1	-	1	-	-	-	-	1	-	-	-
199	Malignant, site unspecified.	-	1	1	-	-	-	-	-	1	-	-
	GROUP III											
250	Diabetes mellitus.	1	-	1	-	-	1	-	-	-	-	-
	GROUP VII											
402	Hypertensive heart disease.	-	1	1	-	-	-	-	-	-	-	1
410	Acute myocardial infarction.	1	-	1	-	-	-	-	1	-	-	-
412	Old myocardial infarction.	1	-	1	-	-	-	-	-	-	1	-
414	Other chronic ischaemic heart disease.	3	1	4	-	-	-	-	-	-	3	1
415	Acute pulmonary heart disease.	-	1	1	-	-	-	-	-	1	-	-
434	Cerebral arterial occlusion.	1	1	2	-	-	-	-	1	-	-	1
	GROUP VIII											
485	Bronchopneumonia, unspecified.	1	-	1	-	-	-	-	-	-	1	-
491	Chronic bronchitis.	-	1	1	-	-	-	-	-	-	-	1
	GROUP IX											
571	Chronic liver disease and cirrhosis.	-	1	1	-	-	-	-	-	1	-	-
	GROUP XVI											
797	Senility without mention of psychosis.	-	1	1	-	-	-	-	-	-	-	1
	GROUP XVII											
987	Toxic effect of other gases, fumes or vapors.	1	-	1	-	-	-	-	1	-	-	-
		10	8	18	-	-	1	-	4	3	5	5

Table 9.1

GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE-GROUPS 1983

ICD CODE NO.	CAUSE OF DEATH	TOTAL		UNDER 1		1-4		5-14		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP I																		
	Infectious and Parasitic Diseases																		
038	Septicaemia	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
	Totals: GROUP I	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
	GROUP II																		
	Neoplasms																		
146	Malignant, oropharynx.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
148	Malignant, hypopharynx.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
150	Malignant, oesophagus.	3	3	-	-	-	-	-	-	-	-	-	-	1	-	1	2	1	1
151	Malignant, stomach.	6	7	-	-	-	-	-	-	-	-	-	-	1	-	2	2	3	5
153	Malignant, colon.	7	10	-	-	-	-	-	-	-	-	-	1	-	5	1	2	6	2
154	Malignant, rectum, rectosigmoid junction and anus.	5	2	-	-	-	-	-	-	-	-	-	-	1	-	3	1	1	1
155	Malignant, liver and intrahepatic bile ducts.	2	1	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1	-
156	Malignant, gallbladder and extrahepatic bile ducts.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
157	Malignant, pancreas.	5	3	-	-	-	-	-	-	-	-	-	-	1	-	1	1	3	2
161	Malignant, larynx.	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
162	Malignant, trachea, bronchus and lung.	27	11	-	-	-	-	-	-	-	-	-	-	11	1	9	8	7	2
172	Malignant, melanoma of skin.	1	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1	-
173	Other malignant neoplasm of skin.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
174	Malignant, female breast.	-	11	-	-	-	-	-	-	-	-	-	1	-	3	-	1	-	6
179	Malignant, uterus, part unspecified.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
180	Malignant, cervix uteri.	-	3	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	1
183	Malignant, ovary and uterine adnexae.	-	2	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-
185	Malignant, prostate.	10	-	-	-	-	-	-	-	-	-	-	-	1	-	3	-	6	-
186	Malignant, testis.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
	Carried Forward	70	57	-	-	-	-	-	-	-	-	-	2	17	14	22	20	31	-

Table 9.1 (Cont)

GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE-GROUPS 1983

ICD CODE NO.	CAUSE OF DEATH	TOTAL		UNDER 1		1-4		5-14		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP II Cont'd., Brought Forward	70	57	-	-	-	-	-	-	-	-	-	2	17	14	22	20	31	-
188	Malignant, bladder.	4	2	-	-	-	-	-	-	-	-	-	-	2	-	-	1	2	1
191	Malignant, brain.	2	4	-	-	-	-	-	1	-	-	-	-	1	1	1	2	-	-
199	Malignant, site unspecified.	5	5	-	-	-	-	-	-	-	-	-	-	-	3	2	1	3	1
202	Other malignant neoplasm, lymphoid tissue.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
205	Myeloid leukaemia.	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
237	Neoplasm of uncertain behaviour of endocrine glands and nervous system.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
238	Neoplasm of uncertain behaviour of other and unspecified sites and tissues.	-	2	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-
	Totals: GROUP II	81	74	-	-	-	-	-	1	-	-	-	2	20	19	25	26	36	26
	GROUP III Endocrine, Nutritional and Metabolic Diseases and Immunity Disorders																		
250	Diabetes mellitus	4	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	3	1
	Totals: GROUP III	4	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	3	1
	GROUP V Mental Disorders																		
290	Senile and presenile organic psychotic conditions.	3	2	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	2
309	Adjustment reaction.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Totals: GROUP V	3	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	3

Table 9.1 Cont.

GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE-GROUPS 1983

ICD CODE NO.	CAUSE OF DEATH	TOTAL		UNDER 1		1-4		5-14		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP VI Diseases of the Nervous System and Sense Organs																		
320	Bacterial meningitis.	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
331	Other cerebral degenerations.	4	5	-	-	-	-	-	-	-	-	1	-	-	-	1	-	2	5
332	Parkinson's disease.	4	3	-	-	-	-	-	-	-	-	-	-	-	-	3	-	1	3
333	Other extrapyramidal disease and abnormal movement disorders.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
335	Anterior horn cell disease.	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
340	Multiple sclerosis.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
	Totals: GROUP VI	10	10	-	-	-	-	-	-	-	-	1	-	2	-	4	2	3	8
	GROUP VII Diseases of the Circulatory System																		
394	Disease of mitral valve.	2	1	-	-	-	-	-	-	-	-	-	-	1	-	-	1	1	-
395	Disease of aortic valve.	3	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	1	-
401	Essential hypertension.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
402	Hypertensive heart disease.	8	8	-	-	-	-	-	-	-	-	-	-	1	-	4	-	3	8
403	Hypertensive renal disease.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
404	Hypertensive heart and renal disease.	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
410	Acute myocardial infarction.	43	35	-	-	-	-	-	-	-	-	-	1	11	3	17	8	15	23
411	Other acute and subacute form of ischaemic heart disease.	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
412	Old myocardial infarction.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
414	Other chronic ischaemic heart disease.	31	27	-	-	-	-	-	-	-	-	-	-	4	1	4	6	23	20
415	Acute pulmonary heart disease.	4	6	-	-	-	-	-	-	-	-	1	-	1	-	1	1	1	5
416	Chronic pulmonary heart disease.	2	-	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-
	Carried Forward	95	80	-	-	-	-	-	-	-	-	2	1	20	5	29	16	44	58

Table 9.1 Cont.

GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE-GROUPS 1983

ICD CODE NO.	CAUSE OF DEATH	TOTAL		UNDER 1		1-4		5-14		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP VII Cont'd., Brought Forward	95	80	-	-	-	-	-	-	-	-	2	1	20	5	29	16	44	58
426	Conduction disorders.	1	1	-	-	-	-	-	-	-	-	1	-	-	-	-	1	-	-
428	Heart failure.	12	12	-	-	-	-	-	-	-	-	-	-	1	-	4	-	7	12
429	Heart disease, ill-defined.	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
430	Subarachnoid haemorrhage.	1	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	1
431	Intracerebral haemorrhage.	6	8	-	-	-	-	-	-	-	-	1	-	2	-	1	1	2	7
434	Occlusion of cerebral arteries.	10	15	-	-	-	-	-	-	-	-	-	-	3	-	4	1	3	14
436	Acute but ill-defined cerebrovascular disease.	7	10	-	-	-	-	-	-	-	-	-	-	1	-	2	3	4	7
437	Other and ill-defined cerebrovascular disease.	1	10	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	9
440	Atherosclerosis.	5	11	-	-	-	-	-	-	-	-	-	-	-	-	1	-	4	11
441	Aortic aneurysm.	2	4	-	-	-	-	-	-	-	-	-	-	-	-	1	2	1	2
453	Other venous embolism and thrombosis.	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
	Totals: GROUP VII	141	154	-	-	-	-	-	-	-	-	4	2	28	5	42	25	67	122
	GROUP VIII Diseases of the Respiratory System																		
464	Acute laryngitis and tracheitis.	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
466	Acute bronchitis and bronchiolitis.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
480	Viral pneumonia.	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2
481	Pneumococcal pneumonia.	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3
482	Other bacterial pneumonia.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
485	Bronchpneumonua, organism unspecified.	15	29	1	-	-	-	-	-	-	-	-	-	-	-	3	-	11	29
486	Pneumonia, organism unspecified.	3	6	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	6
487	Influenza.	3	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	9
	Carried Forward	23	50	1	-	1	-	-	-	-	-	-	-	-	-	5	-	16	50

Table 9.1 Cont.

GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE-GROUPS 1983

ICD CODE NO.	CAUSE OF DEATH	TOTAL		UNDER 1		1-4		5-14		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP VIII Cont'd., Brought Forward	23	50	1	-	1	-	-	-	-	-	-	-	-	-	4	-	16	50
490	Bronchitis, not specified as acute or chronic.	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
491	Chronic bronchitis.	11	4	-	-	-	-	-	-	-	-	-	-	2	2	3	2	6	-
492	Emphysema.	4	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	-	-
493	Asthma.	3	-	-	-	-	-	-	-	-	-	-	-	-	-	3	-	-	-
496	Chronic airways obstruction, not elsewhere classified.	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	1
514	Pulmonary congestion and hypostasis.	2	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2	4
515	Postinflammatory pulmonary fibrosis.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
516	Other alveolar pneumopathy.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
519	Other diseases of respiratory system.	2	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1
	Totals: GROUP VIII	49	61	1	-	1	-	-	-	-	-	-	-	3	2	16	3	28	56
	GROUP IX Diseases of the Digestive System																		
530	Diseases of oesophagus.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
531	Gastric ulcer.	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1
532	Duodenal ulcer.	3	1	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	-
550	Inguinal hernia.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
552	Other abdominal hernia.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
553	Other hernia of abdominal cavity without obstruction or gangrene.	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-
562	Diverticula of intestine	1	2	-	-	-	-	-	-	-	-	-	-	-	-	1	1	-	1
567	Peritonitis.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
	Carried Forward	7	7	-	-	-	-	-	-	-	-	-	-	-	-	3	2	4	5

Table 9.1 Cont.

GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE-GROUPS 1983

IDC CODE NO.	CAUSE OF DEATH	TOTAL		UNDER 1		1-4		5-14		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP IX Cont'd., Brought Forward	7	7	–	–	–	–	–	–	–	–	–	–	–	–	3	2	4	5
571	Chronic liver disease and cirrhosis.	2	1	–	–	–	–	–	–	–	–	–	–	1	–	–	1	1	–
572	Liver abscess and sequelae of chronic liver disease.	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–	–
575	Other disorders of gallbladder.	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
578	Gastrointestinal haemorrhage.	1	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	2
	Totals: GROUP IX	12	10	–	–	–	–	–	–	–	–	–	–	1	–	4	3	7	7
	GROUP X Diseases of the Genitourinary System																		
582	Chronic glomerulonephritis.	1	–	–	–	–	–	–	–	–	–	1	–	–	–	–	–	–	–
584	Acute renal failure.	–	2	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2
585	Chronic renal failure.	3	1	–	–	–	–	–	–	–	–	–	–	–	–	1	1	2	–
590	Infections of kidney.	1	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	1
591	Hydronephrosis	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
600	Hyperplasia of prostate.	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–
	Totals: GROUP X	7	4	–	–	–	–	–	–	–	–	1	–	–	–	1	1	5	3
	GROUP XIII Diseases of the Musculoskeletal System and Connective Tissue																		
725	Polymyalgia rheumatica.	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–
	Totals: GROUP XIII	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	1	–	–
	GROUP XIV Congenital Anomalies																		
742	Other congenital anomalies of nervous system.	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–
	Totals: GROUP XIV	–	1	–	1	–	–	–	–	–	–	–	–	–	–	–	–	–	–

Table 9.1 Cont.

GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE-GROUPS 1983

ICD CODE NO.	CAUSE OF DEATH	TOTAL		UNDER 1		1-4		5-14		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP XV																		
	Certain Conditions Originating in the Perinatal Period																		
765	Disorders, short gestation, unspecified low birthweight.	2	1	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	Totals: GROUP XV	2	1	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
	GROUP XVI																		
	Symptoms, Signs and Ill-defined Conditions																		
797	Senility without mention of psychosis.	3	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	10
	Totals: GROUP XVI	3	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	10
	GROUP XVII																		
	Injury and Poisoning																		
800	Fracture of vault of skull.	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
801	Fracture of base of skull.	2	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-
803	Other and unqualified skull fractures.	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
804	Multiple fractures, face, skull and other bones.	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
805	Fracture of vertebral column without spinal cord lesion.	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
820	Fracture of neck of femur.	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
901	Injury to blood vessels of thorax.	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
933	Foreign body in pharynx and larynx.	2	-	-	-	-	-	-	-	-	-	1	-	-	-	1	-	-	-
934	Foreign body in trachea, bronchus and lung.	-	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-
958	Certain early complications of trauma.	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-
	Carried Forward	9	3	-	-	-	-	-	-	-	-	4	1	4	1	1	-	-	1

Table 9.1 Cont.

GUERNSEY - DEATHS BY I.C.D. 3-FIGURE CODES AND AGE-GROUPS 1983

ICD CODE NO.	CAUSE OF DEATH	TOTAL		UNDER 1		1-4		5-14		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	GROUP XVII Cont'd., Brought Forward	9	3	-	-	-	-	-	-	-	-	4	1	4	1	1	-	-	1
965	Poisoning by analgesics, antipyretics and antirheumatics.	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
967	Poisoning by sedatives and hypnotics.	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
989	Toxic effect of other substances, nonmedicinal as to source.	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
991	Effects of reduced temperature.	1	1	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	1
994	Effects of other external causes.	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
	Totals: GROUP XVII	12	6	-	-	-	-	-	-	-	-	6	1	4	3	2	-	-	2

Table 9.2

SUPPLEMENTARY CLASSIFICATION OF EXTERNAL CAUSES OF INJURY AND POISONING 1983

(THE DEATHS DETAILED BELOW ARE INCLUDED IN GROUP XVII CATEGORISED UNDER THE NATURE OF THE INJURY)

ICD CODE NO.	CAUSE OF DEATH	TOTAL		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F
	GROUP EXVII Supplementary Classification of External Causes of Injury and Poisoning										
E812	Other motor vehicle traffic accident involving collision with another motor vehicle.	1	-	-	-	1	-	-	-	-	-
E813	Motor vehicle traffic accident involving collision with other vehicle.	1	-	1	-	-	-	-	-	-	-
E814	Motor vehicle traffic accident involving collision with pedestrian.	1	1	-	-	1	1	-	-	-	-
E815	Other motor vehicle traffic accident involving collision on the highway.	1	-	1	-	-	-	-	-	-	-
E851	Accidental poisoning by barbiturates.	-	1	-	-	-	1	-	-	-	-
E860	Accidental poisoning by alcohol, not elsewhere classified.	-	1	-	1	-	-	-	-	-	-
E882	Fall from or out of building or other structure.	1	-	-	-	1	-	-	-	-	-
E883	Fall into hole or other opening in surface.	1	-	1	-	-	-	-	-	-	-
E887	Fracture, cause unspecified.	1	1	-	-	1	-	-	-	-	1
E901	Excessive cold.	1	1	-	-	-	-	1	-	-	1
E910	Accidental drowning and submersion.	1	-	1	-	-	-	-	-	-	-
E911	Inhalation and injestion of food causing obstruction or respiratory tract or suffocation.	1	-	-	-	-	-	1	-	-	-
E950	Suicide and selfinflicted poisoning by solid or liquid substances.	1	1	1	-	-	1	-	-	-	-
E954	Suicide and selfinflicted injury by submersion (drowning).	1	-	1	-	-	-	-	-	-	-
	Totals: GROUP EXVII	12	6	6	1	4	3	2	-	-	2

Table 9.3

GUERNSEY RESIDENT DEATHS - CLASSIFICATION BY I.C.D. BASIC TABULATION LIST - 1983

B.T.L. CODE NO.	CAUSE OF DEATH CONDITION, DISEASE OR INJURY	TOTAL		UNDER 1		1-4		5-14		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
03	INFECTIONS - other bacterial diseases	-	1	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-
	MALIGNANT NEOPLASMS of -																		
08	lip, oral cavity and pharynx	2	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-
09	digestive organs and peritoneum	28	27	-	-	-	-	-	-	-	-	-	1	4	6	9	9	15	11
10	respiratory and intrathoracic organs	28	11	-	-	-	-	-	-	-	-	-	-	12	1	9	8	7	2
11	bone, connective tissue, skin and breast	1	13	-	-	-	-	-	-	-	-	-	1	-	4	-	1	1	7
12	genitourinary system	15	8	-	-	-	-	-	-	-	-	-	-	3	3	3	3	9	2
13	other and unspecified sites	7	9	-	-	-	-	-	1	-	-	-	-	1	4	3	3	3	1
14	lymphatic and haemopoietic tissue	-	3	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2
17	neoplasm of unspecified nature	-	3	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	1
18	ENDOCRINE and METABOLIC diseases, immunity disorders	4	1	-	-	-	-	-	-	-	-	-	-	1	-	-	-	3	1
21	MENTAL DISORDERS	3	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-	2	3
22	Diseases of the NERVOUS SYSTEM	10	10	-	-	-	-	-	-	-	-	1	-	2	-	4	2	3	8
25	RHEUMATIC FEVER and rheumatic heart disease	5	1	-	-	-	-	-	-	-	-	-	-	3	-	-	1	2	-
26	HYPERTENSIVE disease	9	10	-	-	-	-	-	-	-	-	-	-	1	1	5	-	3	9
27	ISCHAEMIC HEART disease	75	63	-	-	-	-	-	-	-	-	1	1	15	4	21	14	38	44
28	Diseases of PULMONARY CIRCULATION and other forms of heart disease	20	20	-	-	-	-	-	-	-	-	2	-	2	-	7	2	9	18
29	CEREBROVASCULAR disease	25	44	-	-	-	-	-	-	-	-	1	-	7	-	7	6	10	38
30	Other diseases of the CIRCULATORY SYSTEM	7	16	-	-	-	-	-	-	-	-	-	1	-	-	2	2	5	13
	All deaths, all above causes	239	243	-	-	-	-	-	1	-	-	5	4	51	25	72	53	111	160

Table 9.3 Cont. GUERNSEY RESIDENT DEATHS - CLASSIFICATION BY I.C.D. BASIC TABULATION LIST - 1983

B.T.L. CODE NO.	CAUSE OF DEATH CONDITION, DISEASE OR INJURY	TOTAL		UNDER 1		1-4		5-14		15-24		25-44		45-64		65-74		75+	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
	Brought forward	239	243	-	-	-	-	-	1	-	-	5	4	51	25	72	53	111	160
31	ACUTE RESPIRATORY infections	1	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
32	Other diseases of the RESPIRATORY SYSTEM	4B	61	1	-	-	-	-	-	-	-	-	-	3	2	16	3	28	56
34	Diseases of other parts of the DIGESTIVE SYSTEM	12	10	-	-	-	-	-	-	-	-	-	-	2	-	3	3	7	7
35	Diseases of URINARY SYSTEM	6	4	-	-	-	-	-	-	-	-	1	-	-	-	1	1	4	3
36	Diseases of MALE GENITAL ORGANS	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-
43	Diseases of the MUSCULOSKELETAL SYSTEM and connective tissue	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-
44	CONGENITAL ANOMALIES	-	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
45	Conditions originating in the PERINATAL PERIOD	2	1	2	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-
46	SIGNS, SYMPTOMS and ILL-DEFINED conditions	3	10	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3	10
47	FRACTURES	5	2	-	-	-	-	-	-	-	-	2	-	3	1	-	-	-	1
50	Open WOUNDS and INJURY to BLOOD VESSELS	1	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-
51	Effects of FOREIGN BODY entering through ORIFICE	2	1	-	-	-	-	-	-	-	-	1	1	-	-	1	-	-	-
53	POISONING and TOXIC effects	1	2	-	-	-	-	-	-	-	-	1	-	-	2	-	-	-	-
55	OTHER INJURIES, early complications of trauma	3	1	-	-	-	-	-	-	-	-	1	-	1	-	1	-	-	1
		324	337	3	2	1	-	-	1	-	-	12	5	60	30	94	61	154	23B

Table 9.4

GUERNSEY - NON-RESIDENT DEATHS 1983

ICD NO.	CONDITION	TOTAL ALL AGES		TOTAL ALL AGES PERSONS	AGE 1-4		AGE 15-24		AGE 25-44		AGE 45-64		AGE 65-74		AGE 75+	
		M	F		M	F	M	F	M	F	M	F	M	F	M	F
	GROUP II															
162	Malignant, trachea, bronchus and lung.	2	-	2	-	-	-	-	-	-	1	-	1	-	-	-
174	Malignant, female breast.	-	1	1	-	-	-	-	-	-	-	1	-	-	-	-
189	Malignant, kidney and other urinary organs.	1	-	1	-	-	-	-	-	-	-	-	1	-	-	-
191	Malignant, brain.	-	1	1	-	-	-	-	-	-	-	-	-	1	-	-
	GROUP III															
250	Diabetes mellitus.	1	-	1	-	-	-	-	-	-	-	-	-	-	1	-
	GROUP IV															
284	Aplastic anaemia.	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1
	GROUP VII															
402	Hypertensive heart disease.	-	1	1	-	-	-	-	-	-	-	1	-	-	-	-
404	Hypertensive heart and renal disease.	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1
410	Acute myocardial infarction.	14	6	20	-	-	-	-	1	-	5	2	7	1	1	3
412	Old myocardial infarction.	1	-	1	-	-	-	-	-	-	1	-	-	-	-	-
414	Chronic ischaemic heart disease.	6	5	11	-	-	-	-	-	-	1	-	3	4	2	1
415	Acute pulmonary heart disease.	-	2	2	-	-	-	-	-	-	-	1	-	-	-	1
430	Subarachnoid haemorrhage.	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1
431	Intracerebral haemorrhage.	-	1	1	-	-	-	-	-	-	-	-	-	-	-	1
434	Cerebral arterial occlusion.	1	-	1	-	-	-	-	-	-	-	-	-	-	1	-
441	Aortic aneurysm.	1	-	1	-	-	-	-	-	-	-	-	1	-	-	-
	GROUP VIII															
493	Asthma.	-	1	1	-	-	-	-	-	-	-	1	-	-	-	-
	Carried forward	27	21	48	-	-	-	-	1	-	8	6	13	6	5	9

Table 9.4 Cont.

GUERNSEY - NON-RESIDENT DEATHS 1983

ICD NO.	CONDITION	TOTAL ALL AGES		TOTAL ALL AGES	AGE 1-4		AGE 15-24		AGE 25-44		AGE 45-64		AGE 65-74		AGE 75+	
		M	F	PERSONS	M	F	M	F	M	F	M	F	M	F	M	F
	Brought forward	27	21	48	-	-	-	-	1	-	8	6	13	6	5	9
	GROUP IX															
560	Intestinal obstruction without hernia.	1	-	1	-	-	-	-	1	-	-	-	-	-	-	-
571	Chronic liver disease and cirrhosis.	1	-	1	-	-	-	-	-	-	-	-	1	-	-	-
578	Gastrointestinal haemorrhage.	-	1	1	-	-	-	-	-	-	-	1	-	-	-	-
	GROUP XVII															
801	Fracture of base of skull.	1	-	1	-	-	1	-	-	-	-	-	-	-	-	-
965	Poisoning by analgesics, antipyretics and antrheumatics.	1	-	1	-	-	-	-	1	-	-	-	-	-	-	-
994	Effects of other external causes.	-	1	1	-	1	-	-	-	-	-	-	-	-	-	-
		31	23	54	-	1	1	-	3	-	8	7	14	6	5	9

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